REPORT RESUMES

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AN ASSESSMENT OF VOCATIONAL REALISM OF HIGH SCHOOL AND POST-HIGH SCHOOL EDUCABLE MENTALLY RETARDED ADOLESCENTS.

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THIS PROJECT WAS DESIGNED TO FIND MEANS OF PREDICTING THE POSTSCHOOL EMPLOYMENT SUCCESS OF EDUCABLE MENTALLY RETARDED ADOLESCENTS. TWO HYPOTHESES WERE--(1) THERE IS A POSITIVE RELATIONSHIP BETWEEN POSTSCHOOL SUCCESS IN EMPLOYMENT AND REALISTIC VOCATIONAL PLANS, AND (2) THOSE EDUCABLE MENTALLY RETARDED IN WORK EXPERIENCE PROGRAMS WILL HAVE MORE REALISTIC VOCATIONAL PLANS. BOTH EMPLOYMENT SUCCESS AND VOCATIONAL REALISM WERE DEFINED OPERATIONALLY BY ESTABLISHED CRITERIA. DATA WERE GATHERED THROUGH INTERVIEWS AND REVIEWS OF SCHOOL RECORDS AND STATISTICALLY ANALYZED. THE FIRST HYPOTHESIS WAS NOT CONFIRMED. THE SECOND HYPOTHESIS WAS PARTIALLY CONFIRMED, BUT THE SMALL NUMBER OF SUBJECTS EMPLOYED THROUGH OFF-CAMPUS PROGRAMS DID NOT ALLOW GENERALIZATION ABOUT THE RELATIONSHIP OF WORK EXPERIENCE PROGRAMS TO REALISTIC VOCATIONAL PLANS. ADDITIONAL INFORMATION CONCERNING SEX, RACE, SOCIOECONOMIC STATUS, AND STABILITY OF CHOICE WAS GIVEN. IMPLICATIONS CONCERNING COUNSELING AND GUIDANCE, RECORD KEEPING, HIGH SCHOOL CURRICULUM, AND THE SECONDARY TEACHER OF EDUCABLE MENTALLY RETARDED WERE INCLUDED. (JW)

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* * *

Project Director: Molly C. Gorelick, Ed.D.

Exceptional Children's Foundation
Los Angeles, California

March 1966

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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Project Director: Molly C. Gorelick, Ed.D.

Exceptional Children's Foundation

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Without the co-operation and interest of the individual mental retardate and his parent, this project would not have been possible.

The professional skills of Eleanor Roberts, Central Service Bureau, Los Angeles, produced the final typed and bound copy.

Molly C. Gorelick

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AN ASSESSMENT OF VOCATIONAL REALISM OF HIGH-SCHOOL AND POSTHIGH-SCHOOL EDUCABLE MENTALLY RETARDED ADOLESCENTS

CHAPTER I

INTRODUCTION

The Nature of the Problem

It was estimated by The President's Panel on Mental Retardation (1962) that over five million persons in the United States are affected by mental retardation; therefore, the problem of determining the most effective and economical means of maximizing the potentialities of these retarded individuals is of vital importance to the nation. The greatest number of retardates fall into the educable mentally retarded (EMR) group. EMRs are potentially capable, if properly prepared and given the opportunity, to become relatively responsible and financially independent members of society. However, as technology progresses, the number of jobs available at the unskilled and semiskilled levels which the EMR is considered capable of handling continues to decline. In addition, the EMR job seeker must directly compete for these jobs with adolescents and adults of normal intelligence who dropped out of school or graduated without having received vocational training.

It seems probable that the EMR adolescent who has and pursues unrealistic vocational plans is not prepared to deal with the difficulties and competition he will encounter in job seeking. This, in turn, would probably increase his need for dependence on community welfare agencies and his recourse to potentially asocial means of coping with frustrating life situations. Therefore, in considering possible correlates of EMR postschool employment success, it was thought that the level of vocational realism and the level of vocational aspiration might be important.

If the level of vocational realism is a reliable measure and an indicator of future employment success, the concept could then be used to evaluate the EMR's potential for adjustment to the world of work while he is still in high school. Level of vocational realism could be used in conjunction with other variables for more effective counseling and guidance. The realism of a particular EMR's plan and the level of his aspiration might be good screening devices for steering him into the program which would be most beneficial to him. If it were found that EMRs with realistic plans were the most successful vocationally, then the concept could be used to evaluate school programs in terms of their effectiveness for fostering realistic or unrealistic plans.

How can the EMR adolescent be helped to formulate goals in accordance with his abilities? Indeed, how can he be encouraged to stay in school until graduation? For the EMR, high school can reasonably be assumed to be the terminal point in formal education. Yet, upon graduation without at least the basic academic skills and work habits, the EMR is potentially subject to failure in the world of work. Does graduation guarantee postschool success, and are all dropouts failures? If some are successful, what are the important factors which differentiate them from the failures? Is the EMR capable of handling only unskilled or semiskilled jobs? Since many of these occupations have minimal requirements, regardless of intellectual equipment, it would seem that other personality or motivational type factors would be important to the EMR's occupational adjustment. For example, how does one's self-concept help or hinder success in job-seeking activities and in the workaday world? Is perception of self more important than intelligence in adjusting to the world of work? Is it possible that the EMR who has been identified or placed in ("phased-in") the mentally retarded category during the school years because of low IQ scores and poor academic performance may be "phased-out" of this category when viewed from postschool social and vocational adjustment? These are some of the problems and questions which must be considered if we are to prepare the nonacademic youth adequately for postschool adjustment.

Other Studies on Vocational Choice and Vocational Realism

Several general theories of occupational choice have been formulated. Among them Ginzburg, Ginsberg, Axelrod and Herma (1951) have delineated three major factors influencing vocational choice: self-concept, reality, and key persons in the environment. They stressed that the choice is the result of a developmental process dependent on compromise and is largely irreversible. Super (1953) indicated that occupational choice results from socioeconomic level, intellectual level, and opportunity. Hollingshead (1949) stressed desirability of jobs or their prestige value in the determination of occupational choice. Aspects of these theories could well be considered and tested in terms of the EMR, as well as the normal.

In his study Hoppock (1957) emphasized the importance of self-concept in determining vocational choice. Ringness (1961) studied the self-concepts of elementary age children of low, average, and high intelligence in areas such as success in academic subjects, sports, intelligence, and social competence. He found that mentally retarded children were more likely to overestimate success and had less realistic self-concepts than average or bright children. Ringness concluded that the lack of self-knowledge might create serious problems relating to educational, vocational and out-of-school relationships of the retarded.

Gragert (1962), as a result of a demonstration project, believed that "Realistic academic programming;...realistic vocational aspiration levels by client and family" (p. 36) were key traits in accomplishing successful rehabilitation for the mentally retarded.

Many studies have been done in an attempt to relate specific variables to vocational choice--intelligence, socioeconomic status, age, sex. The results have often been contradictory and no clear-cut conclusions are possible.

Dubin (1961) investigated retarded children to discover what variables are related to vocational interests. He found little relationship between intelligence and vocational preference in the group studied. In contrast to Dubin's results with retarded, Haller and Miller (1961), Super (1957), and Stubbins (1950) found positive relationships between intelligence and vocational choice in the different groups they studied.

Rusalem and Cohen (1964) found no significant difference between the prestige rankings of occupations by retardates and a group of nonretarded students living in the same community. This result tends to indicate that cultural determinants are more significant variables than retardation in terms of the prestige ranking of occupations.

Attempts made specifically to assess the vocational interests or aspirations of retarded males were made by Erdman (1957), Magary (1960), and Jeffs (1964). Erdman (1957) found that vocational information instruction had little effect on the level of his subjects' vocational choice. In contrast to Erdman, Jeffs (1964) found that "offering on-the-job training and occupational information to mentally retarded senior high boys tended to promote a more appropriate Total Occupational Aspiration." In addition, it "...tended to promote a more appropriate Realistic Level of occupational choice" (p. 68).

Magary (1960) indicated that the vocational preferences of his retarded male subjects between 12 and 21 years of age showed a trend toward semi- and unskilled work, plus a positive relationship to the occupational class of their fathers.

Unlike Magary's findings, a pilot study conducted in connection with the present research (Gorelick, 1962) indicated that the majority of the mentally retarded subjects in the study were unrealistic in their vocational plans. The subjects included 36 male and female EMR adolescents in special training classes from three high schools in Los Angeles County.

Follow-up studies of retardates have indicated that the majority find employment in primarily semiskilled or unskilled occupations (Dinger, 1961; Cassidy, 1957-58; Bobroff, 1956; Engel, 1952). The purpose of these follow-up studies varied in focus from determining the predictive power of intelligence to the effect of previous training on employment. Some researchers (Kolstoe, 1961; Dinger, 1961; Cowan and Goldman, 1959; Collman and Newlyn, 1957) have ascribed successful employment to desirable personality characteristics.

If, as some theories suggest, occupational choice takes place over time and may be dependent on different factors at different times, then cross-sectional studies may inadvertently introduce bias. Longitudinal studies which investigate the development of occupational choice over time would probably be more helpful. By assessing the same group of EMRs at two different periods (i.e., in and out of school), the present study attempted to obtain a clearer picture of the development and stability of vocational plans among EMR adolescents.

Hypotheses and Objectives of the Research

The results of the present investigator's pilot study (Gorelick, 1962) and the difference in the results of other studies emphasized the need for further research in identifying and analyzing the variables influencing the level of vocational realism of the high school retardate. Further, the value of a larger study of retardates in andout of school was indicated to determine if the level of vocational realism is predictive of postschool occupational adjustment and if job plans crystallized in high school are stable enough to persist in the postschool period.

The two major hypotheses of the research were:

1) EMR high school adolescents who were assessed as having realistic vocational plans would be more successful in postschool employment than EMRs who had unrealistic or no vocational plans.

2) EMRs who were in work experience programs in high school would have more realistic vocational plans than those EMRs in schools without these programs.

The general objectives of the study were:

1) To determine which variables were the most highly related to vocational realism in high school.

2) To describe the characteristics of the high school EMR adolescent who had realistic plans, unrealistic plans, or no plans.

3) To determine the significant correlates of postschool employment success.

4) To describe the characteristics of the posthigh-school EMR.

5) To examine the stability of vocational realism after graduation from or dropping out of school.

The research attempted to determine if vocational realism is related to characteristics of school programs, job-seeking behavior, employment success, and vocational adjustment. If realism is related to the type of job sought, then this may help to determine whether a particular EMR is employed and whether realism is a valuable characteristic to develop. The same would hold true if realism were related to employment success directly. These relationships would be important even if it were found that EMRs with unrealistic plans were successful.

In the present research an attempt was made to determine the extent and effectiveness of work experience programs (WEP). Do they, in fact, develop realism? Do they closely simulate the actual workaday world? Is relatively sheltered on-campus employment valuable or does it create unwarranted confidence, a false sense of security, or even a negative attitude toward work? These are some of the questions which were considered in attempting to evaluate the effectiveness of work preparation programs designed to help the EMR adolescent.

It was hoped that the present research would be able to contribute to a better understanding of the complex and dynamic factors involved in the EMR's level of vocational realism and postschool employment success.

CHAPTER II

METHODOLOGY

The Setting

High-school and posthigh-school EMRs were the focus of the present study. Los Angeles County was chosen as the setting with a view to conducting a comprehensive study which would yield information useful for future planning in large urban communities. Opportunity for employment in this highly industrialized and developed area was fairly great at the time of the research; this factor would tend to minimize the effect of competition created by a shortage of employment opportunities. Many jobs at the semiskilled and unskilled levels were available and a wide range of socioeconomic levels was present. Assuming these levels would have some effect on the process of vocational choice, it was thought that the applicability and generality of the results would be enhanced. In addition, several of the school districts involved had work experience programs (WEP) for the EMR adolescent. Both on-campus and off-campus programs and the two in combination were present in some of the school districts. These differences among schools would greatly aid in the examination of the effect of the programs on the level of vocational realism and employment success.

The U. S. Government Bureau of the Census (1960) indicated that the entire county of Los Angeles had a population of 6,020,051; a median family income of $7,046 a year; a racial composition of 91% Caucasian, 7% Negro, and 2% other; and the largest group who were employed were engaged in manufacturing occupations (31%). An analysis of the census material concerning the high school districts included in the sample indicated wide variation: the median family incomes ranged from $4,132 to $14,360; the percentage of Caucasians ranged from 2% to 99%; the percentage of families who owned their homes ranged from 20% to 99% (see Table A in the Appendix for details).

The wide variation in the school districts selected for study was intended to obtain a more representative sampling of the high school EMR. However, because of the heavy concentration of special training classes in the low socioeconomic areas, the probability exists for the inclusion of more EMRs from these sections in any study conducted (Welfare Planning Council Report, 1963-65).

The EMR Population

The Welfare Planning Council Report on Mental Retardation (1963-65) utilized a 2% prevalence rate to determine the number of retardates in Los Angeles County. The report estimated that 123,870 retardates ranging in age from birth to 64 years lived in the county. Of these retardates, it was estimated that 105,290 were educable, having an IQ between 50-75.

The Welfare Planning Council Report (1963-65) also indicated that 20,513 students were actually enrolled in EMR classes in grades 1-12 in the 102 school districts which made up the Los Angeles County school systems. Of these students, 3,221 were in grades 9-12 or 9 EMR students per 1,000 students enrolled in these grades. Using a prevalence rate of 17 per 1,000 students, the Report estimated that 6,194 high school aged individuals would potentially be eligible for EMR classes. Based on this estimate, the Report indicated that 59% of the high school aged EMRs eligible for the 9th-12th grades were not actually enrolled in high school. The results of the Report indicate that a large proportion of the EMR population which could potentially benefit from high school does not. However, since education is compulsory to the age of 16, the school offers a focal point for identifying, studying, and helping the retardate; whereas, identifying the retardate in the community at large is difficult.

The EMR high school students who were actually enrolled were handled by 85% of the county's high schools, which suggests that 15% of the schools had no EMR classes on their campus. California state laws require school districts with an average daily high school attendance of 900 or more to establish special training classes for the EMR. Either the schools with no special classes had small enrollment, made contractual arrangements with other districts, or did not have any EMRs. A heavy concentration of EMR classes, as noted by the Report, were located in low-income areas. A study by Meeker and Street (1964) on school-aged EMRs which supports this finding was cited by the Welfare Planning Council Report. Meeker and Street's sampling study indicated that low-income areas of the county had a 10% prevalence rate of retardation compared to less than 1% in high-income areas.

The Sample

The study was divided into two phases: the high-school and the posthigh-school phases. The final sample for the first phase included 886 high school EMRs. The second phase, posthigh school, consisted of 149 EMRs who had been interviewed in the first phase (while in school) and who had either graduated or dropped out of school.

Phase I: The EMR in High School. The subjects for the first phase of the study were drawn from high school special education classes for EMR students located in 10 of the 102 school districts in Los Angeles County. The criteria for selection of the 10 districts were: size of enrollment, inclusion of special education programs in the curricula, and socioeconomic levels represented.

Letters of introduction and a copy of the research proposal were sent to school superintendents and to local school administrators asking for permission to interview in the schools. Entrance into all high schools with special training classes in nine school districts was obtained without qualification. In one school district the administrator stated that the criterion she used to include some schools and to exclude others was approval of the research study by the individual school principals. The school district had 25 high schools with special training programs, and 17 gave permission; the district also required parent consent slips before individual students could be interviewed. The other 9 districts had fewer high schools, ranging from 1 to 7.

In these 10 districts which had a total of 84 high schools with grades 10-12, a total of 39 schools were studied. Twelve of the 84 high schools also had 9th grade students. An attempt was made to interview all of the EMRs in these grades. However, interviews were not conducted with the EMR whose parent did not give consent (one school district) or who was absent on the day of the interview. A total of 1,104 EMR students were interviewed during a period from February to May, 1964. It is interesting to note that the 10 districts studied represented approximately 10% of the 102 districts, but approximately 34% of all the high school EMRs (9th to 12th grades) enrolled in the county were contacted. In the largest school district, the 17 schools contacted had 32% of the EMRs in the sample.

The sample was then restricted by grade and intelligence score to obtain a more homogeneous group. Subjects whose IQ score was not available and those with IQ scores over 79 or less than 46 were dropped from the sample. Excluded were 75 pupils who had IQ scores above 79, 3 with scores below 46, and 25 pupils whose IQ score was not available. This left 1,001 students who were in the 9th to 12th grades and whose IQ score was between 46 and 79. The number of EMR students with these characteristics in each school ranged from 7 to 43 with the exception of 2 schools which had 81 and 89 EMR students. The average number of EMR students per school was 25. About one third of the schools (38% or 15/39) had from 11 to 20 EMRs (see Table 1).

Table 1

Number of EMRs Sampled in the High Schools Studied

No. of EMR Students in School	No. of Schools in Original Sample (N=1,104)	No. of Schools in Final Sample (N=886)
1-10	4	8
11-20	15	14
21-30	9	8
31-40	7	5
41-50	2	2
81-89	2	2
Total Schools Studied	39	39

In all of the analyses, 9th grade students were excluded since the majority of the high schools only included grades 10 through 12. A final sample of 886 EMRs meeting the IQ and grade requirements was studied.

Phase II: The Postschool EMR. The subjects for the second phase of the study were drawn from a total of 280 EMR students who were reported by the 39 high schools studied as having graduated or dropped out during the period from June 1964 to March 1965. All of these had been interviewed during the first phase of the study, had been in grades 10-12, and had IQ scores from 46 to 79.

Of the 280 EMRs who dropped out or graduated, 149 EMRs were included in Phase II. Of these 149 EMRs, 44% had graduated with a diploma, 30% had graduated and received certificates of attendance, and 26% had dropped out.

Of the 131 subjects not included in the sample, 89 could not be located; 27 had dropped out but had returned to high school by the time of the Phase II interview, 6 declined interviews, and 9 interviews could not be completed because either the EMR or parental figure could not be contacted. It was interesting to note that 41% of those who dropped out of school after the first phase interview had returned to school within a few months.

Phase I

Data Collection Instruments and Procedures. The main interest in the first phase was to evaluate how realistic the high school EMR's vocational plans were and how much influence a WEP in school had upon the level of realism. In the first phase, student and administrator interviews, a teacher questionnaire, and a form for recording information from school records, were used to obtain the data for the study.

Background Information. Identifying and background information on the EMRs were obtained from the school record. This information pertained to race, sex, grade, birthdate, and the attendance record of each EMR. The most recent IQ score from an individual standardized test such as the Stanford-Binet or the Wechsler Intelligence Scale was obtained and the date of testing was noted. In a very few cases the most recent group intelligence test score was used.

Medical information was also obtained from the school record. If these data were not in the student's cumulative folder, the school nurse was contacted and the student's health records were examined. If this information could not be gained from either of these sources, the teacher was contacted and interviewed regarding the student's health. Medical data were meager in most school districts. Even when the data were available, each district seemed to emphasize different medical problems. For example, some schools stressed mixed eye-hand dominance; others emphasized emotional disturbance. The form used to collect background information on each student is given in Appendix A.

Student Interview. A semistructured student interview was used to record the vocational plans of the EMR, his vocational aspirations, his knowledge of the job requirements of his plan, and to determine the influence and assistance rendered by key persons in the EMR's formulation of his vocational goals and future educational plans (see Appendix B for a sample interview). The EMR's current employment status was noted. The student interview also provided information regarding the EMR's family background and the employment status of the parents. The EMR's school program including his class schedule, date of entry into special training, and whether the WEP was part of his schedule were recorded on the interview. It was necessary to gain this information from the EMR since many schools could not provide it for each individual student. Thus, results based on the data obtained are influenced by the EMR's ability to recall the information.

Each student interview took about ten minutes to administer; the interviewer recorded all information verbatim. The interview used by Gorelick (1962) plus additions were pilot-tested on seven subjects, ages 15 and 16 years, who were attending classes at the Exceptional Children's Foundation. Several changes in phrasing of the questions were made in the interview and incorporated into the final form (Appendix B).

Administrator Interview. A semistructured administrator interview was employed to gain information regarding school curriculum and counseling procedures for EMR students. The interview was designed to obtain a comprehensive examination of the program for the EMR.

In the 39 schools studied the person who was identified by the school administration as being "closest" to the EMR program was interviewed in an attempt to obtain information from the most knowledgeable source. These persons were 15 teachers, 12 counselors, 7 assistant vice-principals, 3 psychologists or psychometrists, and 1 special education supervisor. The administrator interview was developed from contacts with counselors of special education in two of the districts studied. The four parts of this form were: (a) Counseling Contacts Data, (b) Initial Follow-up Study Data, (c) Graduate Follow-up Data, and (d) Curriculum Questionnaire (for a sample interview, see Appendix C). Although an attempt was made to collect the information from each school administrator systematically, some of the schools had limited counseling, work experience, or follow-up programs, or very informally organized ones; thus, the data were sparse and analysis was necessarily limited. However, specific areas of information which could be used in this study were counseling processes and the type of counseling contact with the EMR student; the existence of a follow-up program for students who had graduated; the existence of an organized WEP for EMRs. Areas which could not be used from the administrator interview were school curriculum, the number and frequency of counseling contacts, and the procedure for following up students who dropped out of school or were habitual absentees.

Teacher Questionnaire. A teacher questionnaire focused on the educational background of the teachers in terms of course work taken, highest degree achieved, possession of teaching credentials, years of teaching experience, subjects the teacher felt most qualified to teach and preferred to teach (see Appendix D for a sample questionnaire).

In the 39 schools there were 83 full-time teachers who taught one or more EMR classes and each was given a questionnaire. All of the teachers responded and provided information on their backgrounds and qualifications.

Assessment of the Levels of Vocational Realism and Aspirations: Operational Definitions

The key variable under study in the first phase was the level of Realism of the subject's future Vocational Plans. The term "Vocational Realism" as used in the present research consisted of three levels: Realistic, Unrealistic, and No Plan. In addition, the EMRs' Vocational Aspirations and Educational Plans were also examined using the three levels of Realism.

Assessment of Vocational Realism. The assessment of the three levels of Vocational Realism used in the study was based upon two-key questions which elicited occupational choices from the EMRs and a criteria list of occupations which had been classified as being Realistic or Unrealistic for the typical EMR. Using the criteria list, the occupational choices, and considering the individual EMR's physical and mental capacities, each EMR was classified as having Realistic or Unrealistic Vocational Plans. An EMR who had No Vocational Plan was classified in a separate category.

The two-key questions on the Student Interview pertaining to the EMR's Vocational Aspiration and Plan which elicited occupational choices were:

Aspiration Question

1. What job would you like to have if you could choose any job in the world?

Vocational Plan Question

2. Now, what job do you think you will be able to get when you get out of school?

The first question was aimed at eliciting a job Aspiration and served to help the EMR distinguish between an Aspiration and a definite Vocational Plan for the future. Stephenson (1957) suggested the importance of the formulation of the questions in distinguishing the dimensions of plan and aspiration or wish. He noted that his normal subjects made the distinction between plans and aspirations. However, Gorelick (1962) found that some EMRs had difficulty in making this distinction between questions.

The second question was the most important one in Phase I of the present study. This question was aimed at eliciting the EMR's assessment of himself and his capacities for employment. The occupational choice obtained from the EMR as his definite Plan was used to classify him as having Realistic or Unrealistic Vocational Plans.

In order to determine an objective measure of job Realism, a criteria list of jobs which were actually held by EMRs as reported by the Board of Vocational Education and Rehabilitation (1963), the Department of Public Instruction, State of Iowa (1961), Forde (1963), Hutchinson and Committee (1963), Massachusetts Rehabilitation Commission (1962), Patterson, Speck, and Partridge (1963), Peterson (1962), Stewart (1947), and Youth Opportunities Board of Greater Los Angeles (1963) was developed. If six or more EMRs had held a specific job, then the occupational choice, the Vocational Plan, was deemed to be Realistic for the EMR. Most of the jobs held or available to EMRs fell into the classification of unskilled, semiskilled, and service occupations as specified by the Dictionary of Occupational Titles (1949). In order to facilitate discussion and analysis of the occupations, the Dictionary of Occupational Titles was utilized to classify the Vocational Plans. Since the job lists in the above reports were not comprehensive enough, the researchers also conservatively estimated that jobs in the unskilled area (as listed in the Dictionary of Occupational Titles) would be Realistic for the EMR. (See Appendix E for the criteria list of Realistic and Unrealistic occupations.)

Examples of Realistic occupations were: service workers (maid, barber, attendant, nurse's aide), manual workers, truck driver, helpers to workers such as upholsterers, bricklayers, etc. Examples of Unrealistic jobs were: the armed services, medical doctor, auto mechanic, welder, secretary, registered nurse. In using the criteria list of occupations, classified according to Realism for EMRs in general, an individual EMR's health status and his family's occupational structure were considered in determining whether or not Vocational Plans were Realistic or Unrealistic.

In a few cases a Vocational Plan was considered Unrealistic because of physical and/or emotional limitations of the EMR even though the job was Realistic according to the criteria list of occupations. To illustrate, a carpenter's helper would be a Realistic choice; however, if the EMR had cerebral palsy, this choice would be Unrealistic for him.

In other cases if the EMR actually performed the chosen job in conjunction with members of his immediate family, the Vocational Plan was judged Realistic even if the occupation was Unrealistic for the typical EMR. For example, a job choice of carpenter would be assessed as Unrealistic according to the criteria; however, if the father was presently a carpenter and the EMR worked with his father actually performing the job as a helper, then this was considered a Realistic choice. This was done because it was felt that the EMR, under the supervision of a family member, would be able to handle a job ordinarily too difficult for him.

Assessment of Vocational Aspiration. The first question, "What job would you like to have if you could choose any job in the world?," elicited occupational choices which are referred to as Vocational Aspirations or simply Aspirations. These Aspirations were evaluated in terms of the level of Realism (e.g., Realistic, Unrealistic, No Aspiration) using the same criteria that were used for evaluating Vocational Plans. The Vocational Aspiration as compared with the Vocational Plan represents a wishful dream --any occupation the individual would like to enter regardless of actual ability. Thus, the first of the two pairs of key terms was Vocational Plan and level of Vocational Realism; the second pair was Vocational Aspiration and the level of Realism of the Aspiration. The Vocational Plan and Vocational Aspiration refer to the occupations selected by the EMR. Each occupational choice was then assessed as being Realistic or Unrealistic for the individual.

Assessment of Educational Plans. The Educational Plans of the EMR were assessed in terms of the amount of schooling he intended to obtain. The completion of high school training was evaluated as Realistic for the EMR. Any plan for a higher level of formal education, junior college or a four-year college, was considered Unrealistic. Plans to attend trade school also were classified as Unrealistic after contacts were made with Long Beach and Compton School Administrative Offices and Los Angeles Trade-Technical College. These sources indicated that trade schools generally require an entrance examination containing academic material which would be too advanced for the EMR. Trade school curricula included academic as well as vocational courses which would be above the EMR level.

Phase II

The main interest in the posthigh school EMR was to evaluate the level of Vocational Realism in terms of whether or not it was related to actual employment success. Is an EMR who has Realistic Vocational Plans more likely to find employment or have longer periods of service on the job than an EMR with Unrealistic Vocational Plans or No Plans at all? Also of interest was the stability of the level of Vocational Realism over time. Since second phase data were more complete than first phase data, an extensive examination of socioeconomic characteristics which might be related to the level of Realism was conducted.

Data Collection Forms. Two interview forms were utilized in the second phase: the EMR Follow-up Interview (see Appendix F for a sample) and the Follow-up Parent Interview (see Appendix G for a sample). All of the interviews were conducted in the EMR's home by four interviewers working either alone or in pairs during March to July, 1965. Each interview took approximately one hour to complete. In almost all cases the EMR and parent interviews were conducted at the same time in different parts of the home. Wherever possible, the parent interview was administered to the EMR's mother or father. However, if the EMR was not living with his parent, a parental figure such as an older sibling, stepparent, or another member of the immediate family was interviewed in lieu of a parent.

The EMR Follow-up Interview was patterned after forms used in previously published follow-up studies (Los Angeles City Schools High School Graduate Questionnaire, 1963) with some additions and modifications. The Parent Interview roughly duplicated questions on the EMR Follow-up Interview with the idea of verifying information provided by the EMR. It also touched on information not sought from the EMR which related to family background.

The EMR Interview. The EMR Interview obtained information pertaining to:

1. Personal data on birth, marital status, number of dependents, family constellation, occupational status of parents, siblings, religious affiliation.

2. Any changes in level of Vocational Aspirations and in level of Vocational Plans since high school.

3. Employment history including employment while in high school and during the postschool period. Information on postschool employment was obtained in detail ascertaining the sequence of and attitude toward jobs. Unemployed subjects were interviewed as to attitudes toward not working and their attempts to secure employment.

4. Educational history included posthigh-school training, the EMR's evaluation of courses taken in high school, and how the courses were helpful in an employment situation, and his plans for future training.

5. Social and recreational data relating to the EMR's leisure time activities such as number of hours spent watching television, hobbies, group memberships, and the EMR's friends.

The Parent Interview. The Parent Interview provided information in the following areas:

1. Personal data pertaining to the EMR and his family including socioeconomic information.

2. Postschool employment information concerning the EMR, obtained mainly to verify the retardate's responses.

3. Educational information including parental attitudes toward the EMR's high school special training classes.

The two interview forms were pilot-tested on 29 EMRs and on 4 of their parents who were not part of the sample of the study.

Contacting the Posthigh-School EMR and Parent at Home. Form letters were sent to each of the 280 potential subjects and to their parents briefly explaining the purpose of the study and requesting an interview with both the EMR and the parent. Different form letters were sent to graduates and to dropout students and to their respective parents (see Appendix H for sample letters). The letter was followed up within a week by a telephone contact whenever this was possible. One of four trained interviewers made the follow-up interview appointment to see both parent and EMR in their home. If the family could not be reached by telephone, the initial mail contact was followed within a week by a personal visit.

Employment Success: Operational Definition

The key variable examined in the posthigh-school phase of the study was employment success of the EMR who had graduated or dropped out of high school.

Employment success has many possible definitions ranging from the employer's evaluation of the employee's performance to the income earned on the job. For the EMR who is leaving high school, a multitude of factors such as his age, his past employment history, and the individual's unique situation are considerations in determining whether or not he is successfully employed.

In the second phase of the study four general areas of Employment Success were considered: initiative in job seeking, length of service on a particular job, income earned, and hours worked.

Initiative in Job Seeking. The measures of initiative in job seeking utilized in the study were whether or not the EMRs found jobs on their own and the total number of jobs they tried to get. The purpose of the first measure was to exclude the help and influence of agencies and of the EMR's family in finding employment. The initiative measure was restricted to jobs they were able to obtain. The total number of jobs they tried to get was also utilized since it seemed likely that the more attempts the EMR made to seek employment, the more apt he would be to obtain it.

Length of Service on a Particular Job. As a measure of Employment Success in terms of stability, the length of service on a particular job was analyzed. Two criteria were used: holding a job for at least two months, holding a job for at least three months.

Hours Worked. Once the EMR obtained employment after leaving high school, the total number of hours worked was a measure of Employment Success. This measure accounts for part-time workers' shorter hours. To account for the time difference in dates when students left school (as, for example, some students graduated in January and others in June while some dropped out at various times), the index of the total number of hours worked for all jobs after leaving high school divided by the number of months since leaving high school was utilized as the measure of hours worked.

Income. Total income earned and income per month since leaving school were also considered as aspects of Employment Success. It would be expected that those who had earned more income either (a) had worked more hours or (b) had a better job.

Current Employment Status. Another variable used in considering employment was the EMR's current employment status. Five classifications were utilized: EMRs who were (a) currently employed and looking for another job, (b) currently employed and not looking for another job, (c) unemployed and looking for work, (d) unemployed and not looking for work, and (e) not working and doing something in lieu of work. The fifth classification includes EMRs who were in posthigh-school training, who were pregnant, or who had had long-term illnesses. The purpose of this measure was to ascertain underlying socioeconomic variables and motivational factors which distinguish one EMR from the other.

It might be expected that the least successful EMRs, especially among the males, would be those who were unemployed and not looking for employment. However, the successful EMRs on the one hand might be those who were employed, completely satisfied with their jobs, and were seeking no other employment; or, on the other hand, might be those who were employed but, in an attempt to improve their positions, were looking for better jobs.

Stability of Vocational Realism

Another important variable examined in the second phase of the study was the stability of the level of Vocational Realism. Two questions were utilized to obtain this measure of stability. "When you were in high school, what job did you expect you would get when you got out?" was asked to indicate the EMR's consistency and recall of his high school Vocational Plan after a nine-month period. The subjects were also asked, "What job would you like to have if you could choose any job in the world?" to ascertain Aspiration. A comparison of Vocational Plans and Aspiration choices recorded during the first and second phase interviews provided a measure of stability of Vocational Plan and Aspiration.

Training of Interviewers and Reliability of Coding

During both phases of the study the interviewers were trained by role-playing the interview, observing the project director administer pilot test interviews, and by being observed and evaluated while interviewing during the trial period.

In the first phase of the study information pertaining to Vocational Plan, level of Vocational Realism, Vocational Aspiration, and level of Realism of Aspiration was coded by three interviewers together. The remaining information from the interview was coded independently by each interviewer. In order to establish the reliability of the coding, the three interviewers independently coded a set of 25 interviews. The coded information was then compared and discrepancies among the three coders were noted. The number of times that each individual's coding disagreed with the other person's was recorded and totaled. A percentage of agreement was calculated for each individual by dividing his error total by the product of the number of interviews and the number of variables coded. The percentage of agreement was 97.78, 97.63, and 97.19 for each of the three coders. The average percentage of agreement was 97.53.

In the same manner, reliability of coding on 25 Phase II student and parent interview sets was determined. Information on the interviews was divided into employment and nonemployment data. The percentage of agreement on employment data was 84.00, 89.29, 83.00, and 89.57 for each of four coders. On nonemployment data the percentage of agreement was 97.34, 97.72, 97.28, and 98.17 for the same four coders, respectively. The average percentage of agreement on employment data for the coders was 86.46, on nonemployment data 97.63. The total average percentage of agreement was 94.20. It can be noted by consideration of the Phase II interviews (Appendixes F and G) that employment questions often called for an evaluation of attitude on the part of the coder. Thus, the coding process would be less objective on employment as opposes to nonemployment data.

Data Analysis

Techniques. A large amount of descriptive information was collected concerning the EMR in and out of school, the teachers of EMR students, and school administrators. In the general discussion percentages were used most often. If a percentage appears with no qualification as to sample size then for ease of discussion, the percentage is for the total group. Where the sample size is small--say, less than 50 --the percentages given are subject to substantial sampling fluctuations and should be viewed only as rough approximations.

When hypotheses were tested, four techniques were utilized: chi square, correlation, analysis of variance, and discriminant analysis. The first three techniques are commonly used and found in any statistical text; for example, Dixon and Massey (1957), Edwards (1960), Guilford (1956).

The fourth technique, a Fisher two-group discriminant analysis, is used to determine whether or not a number of variables considered simultaneously can successfully discriminate between two groups (e.g., Realistic vs. Unrealistic, Employed vs. Unemployed). References consulted were Suits (1957), Fisher (1936), Rao (1957), and Anderson (1958).

Because the focus of the study was upon the level of Realism of Plans and Aspirations of EMR adolescents, certain variables were of particular interest. In the first phase level of Vocational Realism and Employment Status in high school were two two-key variables whose relationship with other variables were investigated by means of contingency tables. A chi square was computed for each contingency table to determine if selected pairs of variables were significantly related. The second phase emphasized posthigh-school employment, stability of Vocational Realism, and the influence of the high school WEP in adjustment to the world of work.

In all cases the level of significance selected, when not otherwise stated, was .05. For ease of discussion the use of "difference" implies significant difference at the .05 level of confidence unless otherwise stated. If the difference was not significant, the term "no difference" was utilized. In all cases the result of the statistical test and the probability are reported in parentheses.

Similarly, the relationship between two variables was reported in terms of a product-moment correlation and the significance level, and between a combination of variables by the multiple correlation. Discriminant analysis was used mainly to determine how well a set of variables that were found significant could account for the variance obtained, and as a descriptive tool to define types of EMRs.

Analysis of Key Variables: Phase I. A total of 32 variables were coded and deemed appropriate for analysis. In the first phase analysis the concept of the level of Vocational Realism was analyzed in relation to the other variables. Correlations, multiple correlation, and the result of the discriminant analyses are reported.

The second key variable, school work experience, had four classifications: The EMR was (a) in the WEP and worked on campus, (b) in the WEP and worked off campus, (c) worked independently of school, or (d) was not employed in any capacity at the time of interview. These classifications were analyzed in relation to the other variables using chi square. (For a complete list of all variables analyzed in Phase I, see Appendix I.)

Analysis of the Key Variables: Phase II. A total of 116 variables were coded and deemed appropriate for analysis. In the second phase, by means of the discriminant analysis method, the level of Vocational Realism was analyzed to determine the variables, especially socioeconomic variables which were related to Realism. Similarly, the length of service on each job held by the EMR was analyzed. Chi square was used to analyze current job status.

A discriminant analysis was also conducted to determine the influences of the WEP on actual postschool employment. (For a complete list of all variables analyzed in Phase II, see Appendix I.)

Limitations of the Methodology

Since it was estimated by the Welfare Planning Council Report that 59% of the EMRs of high school age (eligible for 9th to 12th grades) were not actually enrolled in high school, the present research is limited to the EMR who was in high school. Only students who dropped out after the 10th grade could be studied in Phase II; prior to this grade no follow-up information was available.

The difficulty in defining the concept of Realism in both job and Educational Plans suggests a second limitation. In terms of levels of Realism of the occupations for the EMR, the Dictionary of Occupational Titles is confusing and inadequate. For example, at the higher levels such as professional and managerial occupations or at the lower levels such as unskilled occupations, the level was readily ascertained. However, in the service area some occupations such as airline stewardess were included and were beyond the EMR's ability, while nurse's aide (also included) was an appropriate occupational level. However, the operational definition of levels of Vocational Realism utilized in the study is conservative and reflects generally accepted concepts of EMR vocational ability. Further research in the definition of Realism was indicated.

Often the incomplete school records limited the utilization of the data for analytic purposes. This inadequacy is also mentioned in the Welfare Planning Council Report (1963-65). Most of the information collected consisted of the responses of the interviewee and although some attempts were made to verify the data from more objective sources, the information often had to be accepted at face value. In addition, the information is limited to the interviewees who could be contacted. The students who were absent could not be contacted at home, and one school district allowed interviewing in 17 of its 25 schools. These limitations must be considered when interpreting the results.

CHAPTER III

RESULTS AND DISCUSSION
PHASE I: THE EMR IN HIGH SCHOOL

General Characteristics of EMRs in High School

Age, Sex, Race. The mean age of the 886 students in the 10th to 12th grades was 17.0 years (SD=1.3). Seventy percent were between 16 and 18 years of age; 59% were males and 41% females. The largest racial or ethnic group was Negro (44%); 37% were Caucasian, 18% Mexican, 1% Oriental, and less than 1% were classified as other. In six cases the race of the EMR was not determined.

Discussion

The pattern of more males than females is one which has generally been found in classes for EMRs.

The high percentage of EMR students studied who were from minority groups points to the socioeconomic relationship to retardation (Kirk, 1964). The largest enrollments of students in EMR classes were found in deprived neighborhoods where minority groups tend to live.

Intelligence. The average IQ was 66.7 and the sample was homogeneous (SD=7.7). About one third (31%) of the group had scores between 56-65, and about one half (48%) had scores between 66-75; the remaining 21% were about equally divided between 76-79 and 46-55. The largest proportion (68%) were tested by means of the Wechsler Intelligence Scale for Children (WISC). Fifteen percent had been tested by the Wechsler Adult Intelligence Scale (WAIS), 17% had been given the Stanford-Binet Scale, and 1% had a record of being administered a group test only. In 10 cases the name of intelligence test was not available.

One fifth (20%) of the subjects had been tested within a year of the first phase interview. Sixty-eight percent had been tested within four years prior to the date of the study. The remaining 11% had been administered an IQ test between five and seven years before the study. In 1% of the cases the date of administration of the IQ was unknown.

Discussion

Because a number of the intelligence tests were not recent, the assessment of some students' current status as EMRs might be questioned. The available scores were used in the study rather than testing large numbers of students.

Health Problems. No health problems were listed in the records of 13% of the group. Almost half (46%) were described as being in good health. For the remaining students (41%), Table 2 describes the medical problems mentioned in the health records. In many cases the EMR had multiple problems.

Table 2

Health Problems of EMRs (N=358)

Problems	Frequency	Percentage
Speech	145	23
Visual	110	17
Emotional	65	10
Neurological	64	10
Dental	56	9
Poor Coördination	42	7
Hearing	41	6
Weight	41	6
Internal - Heart, Glandular, etc.	31	5
Orthopedic	27	4
Other	16	3
Total Number of Problems	638	100

Discussion

No detailed analysis of medical problems was conducted. When medical information was available, it was used in assessing the level of Realism of Vocational Plans for the individual EMR.

Attendance. The largest group of EMRs (84%) averaged from 1-3 absences per month, 10% averaged from 4-6 absences, and 3% averaged from 7-12 absences. The attendance histories of the remaining 3% were unknown.

Discussion

From the data that were available, it is apparent that the EMRs studied attended school quite regularly.

Current Grade Status and Entry into the Special Training Program. Nearly half of the EMRs (46%) were in the 10th grade, 35% were in the 11th grade, and 18% were in the 12th grade. As can be noted, there was a considerable decrease in the EMR population with increased grade. In the sample studied a large percentage (40%) of the 886 EMRs indicated they entered special training in the 6th grade or earlier, and a similar percentage (42%) entered between the 7th and 9th grades. Only a small percentage (13%) of the EMRs reported entering special training during the 10th to 12th grades. In 5% of the cases the entry date was unknown. The first half of the 7th grade was the median grade for entry into the special training program. Since 80% (67 of 84) of the junior high schools and/or elementary schools feeding into 25 of the 39 high schools providing information had special training classes for EMRs, the entry data would not be unexpected.

Discussion

The data indicated that the EMR entering 10th grade (senior high school) was likely to have had at least one previous year of special training. By the time of graduation, therefore, the EMR was likely to have had four to five years of special training in the public school program.

Communication Between Schools. Twenty of the 25 high schools which provided information reported that lists of entering EMR students were provided by the junior high and/or elementary schools. Two of the high schools reported that some of the schools feeding into them forwarded lists while the remaining three high schools reported that no lists were provided.

Discussion

In most cases it would appear that some contact regarding the transfer of students is made between the junior high and/or elementary schools and the high schools studied. One of the high schools which reported that no lists were provided made the unsolicited comment, "We would surely like it (lists)."

Summary of EMR High School Characteristics. The Phase I EMR sample studied consisted of 59% males and 41% females who were mainly in the 10th grade (46%); 35% were in the 11th grade, and 18% were in the 12th grade. About half were Negro (44%) and approximately half were Caucasian (of the Caucasian, 18% were Mexican). Their average IQ was 66.7, and they were mainly tested with the WISC. The two most frequently mentioned health problems listed in the school records were speech (23% of the problems listed) and visual (17% of the problems listed). The EMRs in the sample attended school regularly as 84% had only one to three absences per month. Prior to entering the 10th grade (high school) the EMRs in the sample were apt to have had at least one year of special training. The relationship between these variables and the level of Vocational Realism and employment status in high school will be analyzed and discussed later in this chapter.

Vocational Plans of High School EMRs

Vocational Plans. The Vocational Plan of the student was defined as the job he expected to get when he left high school. In terms of the Dictionary of Occupational Titles (1949) classifications, the largest occupational area in which the EMR planned to engage was crafts and manual occupations (26%) distributed as follows: 10% skilled, 4% semiskilled, and

12% unskilled. The skilled occupations were mainly craftsman occupations which require extensive apprenticeship training. Unskilled jobs included laborers and other jobs requiring no special training.

Of interest are 5% of all the EMRs who anticipated professional or managerial positions. Four percent of the EMRs thought they could obtain sales positions. Five percent expected to be office workers (clerical). Eighteen percent expected to obtain occupations in the service area which includes such jobs as janitor and nurse's aide. Two percent expected jobs among the agricultural, fishery, forestry, and other kindred occupations. (See Appendix J for a list of the jobs selected.)

The largest group of EMRs (40%) indicated that they did not know what job they could get upon leaving school. These students had No Vocational Plans.

Discussion

Some of the occupations selected by the EMR require a great deal of further educational training (e.g., college), and for the EMR the criteria of Realistic Educational Plans was only the completion of high school. Other positions selected by EMRs involve considerable interpersonal pressures in performing the job. Engel (1952) and Cohen (1963) have indicated the difficulties encountered by the EMR in interpersonal situations. However, in spite of the percentage who made Unrealistic choices, occupations selected were mainly in service and, secondly, in unskilled areas.

The greatest number of EMRs (40%) gave a "Don't Know" (No Plan) response. One would wonder if an EMR without any plans for postschool was prepared to meet the competition he might encounter in the world of work. For the normal high school adolescent who has greater mental ability to draw on, having No Plan may not be as detrimental to his future as it could be for the retardate. The EMR with No Plan was considered distinct from the EMR who had a Plan.

Level of Realism of Vocational Plans. The level of Vocational Realism was judged by comparing the EMR's Vocational Plans with his potential to realize these Plans. The Vocational Plans of the EMRs were categorized as being Realistic or Unrealistic using the operational definition of Realism given in the Methodology.

Thirty-two percent of all the EMRs responded with Realistic Vocational Plans, 28% gave Unrealistic Plans, and 40% did not have a Plan. Significant differences exist between the three percentages (X^2=19.68; 2 df; $p < .05$).

Discussion

Rather than having a Vocational Plan, which could indicate goal orientation, the largest group of high school EMRs studied did not know what job they expected to get when they left school.

Those EMRs who selected Realistic Plans might be pursuing a goal which they would be capable of achieving, provided the opportunities were available or they could merely be verbalizing a culturally acceptable response. If Realistic Plans do, in fact, lead to Employment Success, then the fact that only one of three EMRs in this study had the potential to succeed should be of concern to those involved in helping these young people.

The EMRs who selected Unrealistic Plans might also be goal oriented. However, the level of the Plan to which they aspire could serve as an activator to attain a better job or, if the level is completely out of reach, serve to interfere with success.

Vocational Aspirations. The other question which elicited an occupational choice pertained to Vocational Aspiration. The Vocational Aspiration was determined by asking the EMR what job he would choose if he could choose any job he wanted. Twenty-five percent chose professional and managerial jobs, 19% wanted skilled occupations, 16% would have liked service occupations, 9% wanted clerical jobs, 5% wanted semiskilled jobs, 10% wanted unskilled jobs, 4% wanted sales jobs, and 2% wanted to pursue agricultural, fishery, forestry, or other kindred occupations. Interestingly, 10% stated they did not know or did not have an Aspiration.

Level of Realism of Aspirations. As might be anticipated, Aspirations were significantly more likely to be Unrealistic than Vocational Plans. The EMR had an Aspiration more often than he had a Vocational Plan ($X^2=157.16$; 2 df; $p<.05$). Of the job wishes, 63% were Unrealistic and 27% were Realistic; 10% of the EMRs had No Aspiration.

Discussion

The great majority of Unrealistic Aspirations would not be unexpected. The surprising aspect of the data might be that there were as many Realistic choices as there were. The Realistic EMRs aspired to occupations such as truck driver, construction worker, or box boy. It might be that the competition for Realistic jobs with workers of normal intelligence makes these jobs something to aspire toward; on the other hand, the choice may be the result of an experience in the world of work. Another reason a large number of EMRs had Realistic Aspirations might be a basic cognitive inability to aspire or project beyond the immediate situation, or to distinguish between Plans and Aspirations. It might also be postulated that the EMR's choice was related to his self-perception and self-assessment of minimum ability. The determination of the reasons for Realistic Aspirational choices was beyond the scope of this study.

Since the great majority of Aspiration choices were Unrealistic, it might appear that the EMRs studied were able to distinguish between Plan and Aspiration. Thirty-five percent more gave Unrealistic Aspirations than Unrealistic Plans. This result is somewhat similar to Stephenson's (1957) findings with normal 9th graders. However, the analysis which follows illustrates that the assumption of a distinction does not appear to be applicable to the present study.

Comparison of Levels of Vocational Plans and Aspirations. Table 3 gives the distribution of the levels of Realism of Vocational Plans and Aspirations.

Table 3

Level of Vocational Realism Compared to Level of Aspiration

Vocational Plan	Aspiration			
	Realistic	Unrealistic	Don't Know	Totals
Realistic	129 (45%)	135 (47%)	22 (8%)	286 (100%)
Unrealistic	28 (11%)	200 (80%)	22 (9%)	250 (100%)
Don't Know	82 (23%)	222 (64%)	46 (13%)	350 (100%)
Total	239	557	90	886

Eighty percent of the EMRs with Unrealistic Vocational Plans also gave Unrealistic Aspirations. About half of the Realistic EMRs (47%) gave Unrealistic Aspirations while the other half (45%) gave Realistic Aspirations. About two thirds (64%) of the EMRs who had No Vocational Plans gave Unrealistic Aspirations. There was a definite relationship between the Plan and the Aspiration ($X^2=87.63$; 4 df; $p < .05$). The relationship between Plan and Aspiration is accounted for mainly by the Unrealistic EMR's having an Unrealistic Aspiration and not having a Realistic Aspiration, and the Realistic EMR's having Realistic Aspirations. There was also a tendency for the EMR who did not have a Vocational Plan not to have an Aspiration. Of the total group, 38% were consistent in both their Plan and Aspiration: 15% were both Realistic, and 23% were both Unrealistic.

Discussion

It is difficult to determine whether the subjects could distinguish between Plans and Aspirations. For the 62% of the EMRs who gave responses which differed in level of Realism there is reason to believe that they differentiated between the two questions. It may be that many of the 38% who gave similar responses could not distinguish. Stephenson (1957) believed that his normal students could distinguish between and Plan and an Aspiration, but he presented no compelling evidence to support this assertion. Just the fact that the EMR gave a Realistic response to both questions is not sufficient reason to believe that he could not tell the difference between a Plan and an Aspiration.

Level of Educational Realism. Another aspect of Realism is the level of Educational Realism. The EMR's plans for future education beyond high school were assessed by asking him how far he expected to go in school. Of all the EMRs, 69% were Realistic in their Educational Plans; that is, they intended to finish high school. Twenty-eight percent were Unrealistic because they wanted to go to either trade school (9%), or to college (19%); 3% did not know how far they expected to go in school. There were significant differences between the three percentages ($X^2=153.4$; 2 df; $p<.05$).

Of interest is the significant relationship between the level of Vocational Plan Realism and the level of Educational Realism ($X^2=23.25$; 4 df; $p<.05$). Table 4 gives the distribution level of Realism of Educational Plans by the level of Realism of Vocational Plans. Most of the relationship between the level of Vocational Plan Realism and level of Educational Realism was accounted for by the Realistic EMR's being Realistic in both his Educational and his Vocational Plans. Fewer Realistic EMRs expected to go to college. Similarly, the Unrealistic EMR intended further education, either trade school or college. The EMR who had No Vocational Plan exhibited no consistent pattern and was divided randomly among the Educational Plan categories.

Table 4

Level of Vocational Compared to Level of Educational Realism

Vocational Plan Realism	Educational Realism			
	Realistic	Unrealistic	Don't Know	Totals
Realistic	219 (77%)	60 (21%)	7 (2%)	286 (100%)
Unrealistic	147 (59%)	93 (37%)	10 (4%)	250 (100%)
Don't Know	245 (70%)	93 (27%)	12 (3%)	350 (100%)
Total	611	246	29	886

Discussion

Most of the EMRs studied expected to finish high school and were assessed as having Realistic Educational Plans. The EMR who had a Realistic or Unrealistic Vocational Plan tended to have an Educational Plan at a consistent level of Realism. The consistency shown by both the Realistic and Unrealistic groups might indicate a more definite self-perception regarding vocational ability.

Summary Discussion: Relationship Between Levels of Vocational Plans, Aspirations, and Educational Plans. The results indicated a definite relationship in the level of Realism of the EMR's Vocational Plans, Aspirations, and Educational Plans for the Realistic and Unrealistic groups. The Unrealistic EMR tended to be consistently Unrealistic in his Vocational Plan, Aspiration, and Educational Plan; the Realistic EMR tended to be consistently Realistic. The consistency obtained between these three factors is important since it permits comparison with similar studies for validity purposes. Since the EMRs who did not have a Vocational Plan did not indicate any pattern in Aspiration or Educational Plan, it is suggested that they constitute a different group from the Realistic and Unrealistic. It is suggested that those EMRs who had a Vocational Plan, Realistic or Unrealistic, did have a definite goal. If having a goal is a key factor, then an analysis of the Realistic or Unrealistic EMR's behavioral pattern would also suggest that they took definite steps to realize the goal. This proposal will be analyzed and discussed in Phase II.

School Districts and the Levels of Vocational Realism

EMRs in the various school districts differed considerably with regard to levels of Vocational Realism (X^2=36.64; 18 df; $p<.05$). Noteworthy was District F, which had an unusually large number of EMRs with No Plan, and four other districts which had an especially low number of students without a Plan. Table 5 gives the distribution of the levels of Realism by school district.

Table 5

School Districts and Levels of Vocational Realism

School District	Realistic	Unrealistic	Don't Know	Total
A	60 (31%)	68 (36%)	63 (33%)	191 (100%)
B	35 (39%)	27 (30%)	28 (31%)	90 (100%)
C	14 (36%)	8 (21%)	17 (44%)	39 (100%)
D	12 (35%)	5 (15%)	17 (50%)	34 (100%)
E	14 (31%)	13 (28%)	19 (41%)	46 (100%)
F	101 (29%)	87 (25%)	160 (46%)	348 (100%)
G	9 (19%)	17 (35%)	22 (46%)	48 (100%)
H	15 (43%)	7 (20%)	13 (37%)	35 (100%)
I	12 (40%)	11 (37%)	7 (23%)	30 (100%)
J	14 (56%)	7 (28%)	4 (16%)	25 (100%)
Total	286	250	350	886

Discussion

It should be noted that School District F, which had a large number of EMRs without a Plan, was also among the districts with the largest enrollment of EMRs, and only 2 of 17 schools in this district had WEP. This lack of work experience programs and the large number of students with No Plan suggests the need for an urgent examination of the total situation. It cannot be concluded that the school alone was responsible for Realism differences noted. The role of the family and general socioeconomic influences must be considered in the interpretation.

Employment Status in High School

The EMR's current enrollment in high school WEP and current employment status were recorded. Of all the EMRs, 73% were currently unemployed while 27% were employed. The employed group consisted of 12% who worked independently of the school, did not receive any school credit, and had gained employment on their own initiative. These students worked concurrently with a full-school program.

Fourteen percent of the sample were employed through the school in a WEP and received school credit: of these, 12% worked on campus and 2% worked off campus. Campus jobs consisted mainly of general duties such as helper in the cafeteria or maintenance work and/or clean-up. Off-campus jobs ranged from a hospital volunteer to a bus boy in a restaurant. The range of the off-campus jobs was based on a program director's ability to locate part-time jobs for the EMRs. EMRs found employment on their own initiative about as frequently as they were employed through the school program.

Discussion

The employment status of the EMR in high school, among other things, probably reflects different underlying personality characteristics. The EMR who was able to obtain a job on his own certainly exhibited initiative. Further, his ability to tolerate a full school program in addition to being employed might indicate his capacity to cope with pressures. It might be anticipated that this adolescent would be able to adjust to the requirements of the world of work. The students placed in on-campus and off-campus jobs by the school were allowed reduced school time. They probably had fewer pressures and were required to exhibit less initiative than the EMRs who worked independently of the school.

There are many other factors to consider in employment status. Those included in the present study are analyzed and discussed in the following sections.

School District and Employment Status. EMRs from various school districts differed considerably with regard to employment status in high school ($X^2=179.41$; 27 df; $p<.05$) (see Table 6).

Table 6

School District and EMR Employment Status (N=886)

School District	On Campus	Off Campus	Independent of School	Employed		Unemployed		Total
				N	%	N	%	
A	14	1	14	29	15	162	85	191
B	31	12	2	45	50	45	50	90
C	--	--	10	10	26	29	74	39
D	1	4	8	13	38	21	62	34
E	10	--	11	21	46	25	64	46

Table 6 (concluded)

School District	On Campus	Off Campus	Independent of School	Employed N	Employed %	Unemployed N	Unemployed %	Total
F	34	-4	42	80	23	268	77	348
G	4	--	2	6	12	42	88	48
H	3	--	5	8	23	27	77	35
I	9	--	7	16	53	14	47	30
J	4	--	4	8	32	17	68	25
Total	110	21	105	236		650		886

Including all types of employment, the percentage who had jobs ranged from 12% to 53%. The two school districts (A and F) with the largest enrollment of EMRs had 15% and 23% employed, respectively. In both of these districts most of the students employed had found jobs on their own.

Discussion

The interpretation of the differences in employment status by district cannot be made directly because of the possible existence of a differential opportunity effect in the various communities. Regardless of community socioeconomic levels, however, on-campus programs are possible; the fact that 73% of the sample were not employed in any capacity indicates the lack of WEP.

School WEP and Employment Status. In the 39 high schools included in the study, 15 of the school administrators said they had a WEP as part of their school curriculum for EMRs. Five of the 15 schools indicated they had both on- and off-campus programs, 4 had on-campus programs only, and 6 claimed to have only an off-campus program (see Table 7).

All of the schools gave high school credit for the work experience, both on- and off-campus. Twelve of the 15 schools indicated that monetary payment was also given to the students for their work. Most of the programs included four hours in school and three or four hours at work. Eight of the 15 schools which had WEP used this arrangement. The remainder of the schools had the EMRs in school six hours and two hours at work (five schools) or six hours in school and one hour at work (one school). One school did not indicate the time spent in the classroom and at work.

The students' responses to enrollment in WEP showed that five schools where the administrator reported a formal program had placed from 10% to 15% of their EMR students in on-campus or off-campus jobs (see Table 7). Three schools placed 16% to 25% of their EMRs, four schools placed 26% to 30%, and two schools placed 31% or more. In one school that claimed to have a WEP, no student indicated that he was in the program. Of the 15 schools with WEP one school, No. IX, placed 30 of 43 students, and school No. IV placed 6 of 15 students.

Table 7

Employment Status and School WEP

Schools	School Program		Percent Placed:		Percent	
	No. EMR On Campus	No. EMR Off Campus	By School	Independent of School	Not Employed	Total (N=886)
With Formal WEP						
I	4	2	19	16	65	31
II	-	-	-	29	71	7
III	2	-	14	-	86	14
IV	6	-	40	-	60	15
V	-	1	12	12	76	8
VI	5	-	12	5	83	42
VII	4	-	11	9	80	35
VIII	7	-	29	-	71	24
IX	18	12	70	2	28	43
X	6	-	26	4	70	23
XI	9	-	30	23	47	30
XII	4	-	18	23	59	22
XIII	4	-	27	20	53	15
XIV	2	-	23	33	44	9
XV	1	4	15	24	62	34
Total Students	72	19	26%	12%	62%	352
Without Formal WEP						
XVI	5	-	24	19	57	21
XVII	2	1	3	3	94	81
XVIII	7	-	8	8	84	89
XIX	7	-	23	23	54	30
XX	-	-	-	17	83	12
XXI	-	-	-	10	90	21
XXII	1	-	8	23	69	13
XXIII	1	-	6	6	88	18
XXIV	2	1	8	18	74	39
XXV	-	-	-	9	91	11
XXVI	1	-	6	12	82	17
XXVII	1	-	3	11	86	36
XXVIII	-	-	-	10	90	10
XXIX	3	-	19	19	62	16
XXX	-	-	-	11	89	9
XXXI	4	-	36	36	28	11
XXXII	-	-	-	-	100	14
XXXIII	-	-	-	24	76	25
XXXIV	-	-	-	29	71	14
XXXV	-	-	-	-	100	7
XXXVI	1	-	7	-	93	14
XXXVII	2	-	13	6	81	16
XXXVIII	1	-	20	-	80	5
XXXIX	-	-	-	20	80	5
Total Students	38	2	8%	12%	80%	534

NOTE: The percentages are a little misleading since some of the schools had a very small number of students.

For all of the 15 schools with WEP, as indicated by the administrator, 62% of the EMRs in the schools were unemployed, 12% were employed independently of school, and 26% were employed through on- or off-campus programs. For the 24 schools which did not indicate they had programs, 80% of the EMRs were unemployed, 12% were employed independently of the school, and 8% were employed through the school. These 8% who were employed through the school performed general helper type duties. Two students indicated they were employed through the school in off-campus jobs although the school did not have a formal WEP.

A comparison of the 80% unemployed in the schools without a program to the 62% with a program is a little misleading since two schools were extremely effective, and their programs were not typical of those found in other schools. A better indication of the over-all effectiveness of the WEP in terms of high school employment status existing at the time of the study would be 67% unemployed, 14% employed independently of school, and 19% employed through the school when the two, highly effective schools are excluded.

Discussion

The one school that placed 72% of its EMRs is remarkable since, for all the schools, 73% of the EMRs were not employed in any capacity. This one school had both on-campus and off-campus programs. Included in their on-campus program was not only the general helper type of job, but also a program in maintaining and servicing vending machines (Franklin, 1964). Apparently, part of the success of the program in this one school resulted from (a) an on-campus WEP that included contemporary job training which would enable EMRs to find employment upon leaving school, (b) an active program director who contacted and interested prospective employers in hiring EMRs off campus, (c) group decision by the EMRs in choice of leaders in the on-campus program, (d) jobs on campus which did not demean the EMR's status in school, (e) provision of monetary compensation for work performed, and (f) a follow-up placement of graduates.

Roughly speaking, schools would place about one out of ten EMRs in an on-campus job even though they did not have a formal WEP, while the schools with a formal WEP would place about two in ten students. In marked contrast to the one school which placed seven out of every ten EMR students, most of the school programs were less effective in their on-campus programs.

The contrast is even greater when the off-campus programs are compared. Of those students who were placed on jobs through the WEP, 79% of the EMRs had on-campus jobs while 21% worked off campus. The one school which had the most effective program (Table 7, IX) placed 63% of the EMRs who were on WEP in off-campus jobs; thus, the remaining seven schools which claimed to have off-campus programs placed only 37%. Only two of these schools placed more than two students in programs off campus. Two other schools placed one or two EMRs off campus; thus, the off-campus programs of five schools were in name only. In short, except for two schools, there was virtually no off-campus program.

It is of interest to note that 12% of the EMRs were employed off campus on their own initiative regardless of whether or not the school had a WEP.

Level of Vocational Realism and Employment Status in High School. If the level of Vocational Realism were instrumental in orienting the EMR toward work, then their employment status should reflect this orientation. As can be seen from Table 8, the level of Realism varied significantly with the employment status of the EMR ($X^2=16.28$; 6 df; $p<.05$). The chi square results indicated that those EMRs who had been employed through the schools in off-campus jobs were more apt to be Realistic and less likely to be characterized by No Vocational Plan. Similarly, those EMRs who worked independently of school tended to be more Realistic; they were less likely to have No Plan.

Table 8

Levels of Vocational Realism by Employment Status (N=886)

Vocational Plan	Work On Campus	Work Off Campus	Work Independent of School	Not Employed
Realistic	32%	67%	36%	31%
Unrealistic	28%	14%	33%	28%
Don't Know	40%	19%	31%	41%
Total	100%	100%	100%	100%
N	110	21	105	650

Discussion

That Realistic Vocational Plans were related to working off campus was noted; the hypothesis that EMRs in a WEP would be more Realistic was confirmed. It should be noted that this result applies only to off-campus WEP. As was observed previously, the off-campus program was very limited, and this result was obtained mainly from one school. The general applicability of the result is, therefore, limited. (See p. 39 ff. for a special analysis of WEP and the level of Vocational Realism.)

The one school with the effective program placed 12 of the 21 students who were employed in off-campus jobs. Of these 12, 8 were Realistic, 3 were Unrealistic, and 1 indicated he did not have a Vocational Plan. Without more students in WEP off campus and an analysis of the jobs obtained, it cannot be determined how closely the off-campus program approximates the actual world of work. However, it might be surmised that, other than in job activities, the off-campus job situation is similar to the competitive world of work.

Because of the limited number of WEP, it is difficult to determine whether or not increased exposure to the world of work results in greater Realism during the school years. This relationship will be discussed in Phase II where the level of Realism and employment since leaving school was ascertained.

A second factor that must be considered in determining the effect of the level of Realism was whether or not current employment status resulted in the level of Realism, or if the level of Realism led to the employment status.

Although the differences in percentages are small, it is worth noting that the EMRs who were not employed or who were working on school grounds were apt to indicate they did not have a Vocational Plan, while those EMRs who worked off campus or independently of school were likely to have Realistic Vocational Plans. It is suggested that the EMR who has No Vocational Plan either does little about formulating a Plan or takes an on-campus job perhaps to help formulate a Plan.

The results also suggested a great difference between the Realistic EMR and the EMR who has No Vocational Plan. The EMRs working independently of school were about equally Realistic and Unrealistic; the EMR with No Plan was least apt to be employed independently of school. Although the differences in percentages were small, the EMR who had No Plan was least likely to be employed in any capacity when compared to the other two groups.

Vocational Plans and Employment Status. Since the level of Vocational Realism varied with employment status and the level of Realism is related to the actual Vocational Plan (although not a one-to-one relationship), the student's Vocational Plan also varied with employment status (X^2=44.68; 12 df; $p<.05$) (see Table 9).

Table 9

Employment Status Compared to Vocational Plan (N=886)

Employment Status	DK	Prof. & Skilled	Clerical & Sales	Service	Semi-skilled	Unskilled & Agric.
Emp. on campus	13%	8%	18%	19%	8%	6%
Emp. off campus	1%	3%	--	6%	3%	2%
Emp. independent	9%	19%	10%	7%	13%	18%
Not employed	77%	70%	72%	68%	76%	74%
Total	100%	100%	100%	100%	100%	100%
N	350	139	79	157	37	124

Discussion

It is interesting to note that EMRs who had on-campus or off-campus jobs were more likely to have Vocational Plans in the service area, while those EMRs who were employed independently of school tended to have professional or skilled, semiskilled, or unskilled Vocational Plans, and were least apt to have plans in the service area. This result is difficult to interpret. School programs stressed service occupations on campus. In regard to off-campus jobs, perhaps the Realistic EMR felt secure in the lower level occupations independent of school, and the Unrealistic EMR perceived employment independent of school as a temporary "stepping stone."

Again, perhaps the unifying concept was the possession of a definite goal. The EMR who had No Vocational Plan might have been in the process of forming one and, thus, might have been susceptible to outside influence, while the Realistic and Unrealistic EMRs might have been busy pursuing a goal already formulated.

Employment Status and Other EMR Characteristics

As noted, the employment status of the EMRs in high school consisted of four categories: unemployed, employed through WEP on campus, employed through WEP off campus, and employed independently of school. The following sections discuss the relationship between intelligence, health, race, and employment status.

Intelligence. Intelligence test scores were unrelated to employment status (X^2=13.01; 18 df; p<.05).

Discussion

This result is suggestive that training and personality rather than intelligence might be more important in Employment Success among EMRs. This result is supported by Kolstoe (1961). He indicated that factors such as physical appearance, general good health, and being socially adept were important in employment.

Health. The present study indicated being healthy or not was not significantly related to employment status in high school (X^2=12.21; 6 df; p<.05).

Discussion

It would appear that health made little difference in the employment status of the high school EMRs studied. However, as mentioned in the Methodology, medical data taken from school records were inadequate and the analyses cannot be considered conclusive.

Race and Ethnic Factors. Employment status varied significantly with race (X^2=37.61; 6 df; p<.05). Sixty-four percent of the Caucasians, 81% of the Negroes, and 74% of the Mexicans were unemployed at the time of the Phase I interview. Table 10 gives the distribution of Employment Status by Race.

Table 10

Employment Status by Race of 875* High School EMRs

Race	Employment Status Employed On Campus	Employed Off Campus	Employed Independently	Total Employed	Unemployed
Negro	33 (8%)	4 (1%)	38 (10%)	75 (19%)	311 (81%)
Caucasian	65 (20%)	10 (3%)	42 (13%)	117 (36%)	210 (64%)
Mexican	12 (7%)	7 (4%)	24 (15%)	43 (26%)	119 (74%)
Total	110 (13%)	21 (2%)	104 (12%)	235 (27%)	640 (73%)

* Eleven EMRs classified as "Other" or "Race Unknown" were left out of this table.

Discussion

Most of the relationship between race and employment status was accounted for by the large number of Caucasians employed on campus in WEP; fewer Caucasians were unemployed. In contrast, fewer Negroes were employed in any of the categories. Fewer Mexicans were employed on campus; however, there was a slight tendency for Mexicans to be employed off campus in WEP and independently of the school. The results might be expected since employment opportunities differ for minority groups, and the schools with WEP were concentrated in predominantly Caucasian areas.

The Level of Vocational Realism, Sex, Grade, and Employment in High School

The relationship between the level of Vocational Realism, sex, and employment status was examined by grade to focus on the 12th grade EMR who is about to graduate and to obtain some idea as to how well he might be prepared for the world of work.

Sex and Realism. A sex difference in the level of Vocational Realism was noted (X^2=32.78; 2 df; $p<.05$). Twenty-one percent of the females were Realistic, whereas, 40% of the males were Realistic. Females (33%) had more Unrealistic responses than males (25%) and were more apt to have No Vocational Plan (46%) than males (35%). The male was more likely to be Realistic and least likely to be Unrealistic, while the female was more likely to have No Vocational Plan and to be Unrealistic.

Discussion

Part of the difference in the level of Vocational Realism by sex might be accounted for in terms of face validity by the type of vocational exposure each sex encounters. In high school a greater variety of vocational courses ranging from horticulture to print shop were available to boys, while for the girls the two largest vocational areas were homemaking and business. Most of the courses in business, nursing, and sales provide training for jobs considered by the level of Realism criteria to be Unrealistic for an EMR.

Other factors which might lead to a sex difference in the level of Vocational Realism are (a) cultural differences in goals and expectations, (b) a difference in opportunity for employment, and (c) the parental figure (model) with whom the EMR identifies.

Sex and Employment Status. A sex difference was also noted in employment status. Thirty-two percent of the males were employed compared to 20% of the females (X^2=1[illegible].99; 3 df; $p<.05$). For all three employment categories the number of males employed was greater than the number of females. The largest difference was in being employed independently of school.

Grade and Employment Status. An analysis by grade which is suggestive of age within the school setting indicated that with increased grade more students were employed ($X^2=19.52$; 2 df; $p<.05$). In the 10th grade 20% were employed compared to 37% employed in the 12th grade. For the 10th grade a large percentage (80%) were not working, and in the 12th grade the high percent of unemployment was maintained as 63% were not working.

In terms of the type of employment, the greatest increase by grade was in the proportion of students who had on-campus jobs. Of the 10th graders, 7% were working on campus, while 18% of the 12th graders had on-campus jobs. The largest increase in students in the on-campus program occurred in the 11th grade, 7% in the 10th grade to 16% in the 11th grade. A small increase, 11% in the 10th grade to 16% in the 12th grade, was noted in the percentage of EMRs who were employed independently of school. Table 11 gives the distribution of the EMRs according to levels of Realism and Grade by Employment Status. (Table 11 on separate page following this page.)

Discussion

The employment results suggest that when an EMR student graduates or drops out of school, the majority will be exposed to the world of work for the first time.

Grade and Vocational Realism. With increased grade there was little difference in the level of Realism of the EMRs' Vocational Plans ($X^2=4.143$; 2 df; $p>.05$). In the 10th grade, 31% were Realistic, and in the 12th grade 37%; the EMRs with No Plan represent 42% of the 10th grade and 34% of the 12th grade. Those who were Unrealistic include 27% of the 10th grade and 29% of the 12th grade.

Discussion

It might be expected that with increased grade and increased exposure to working, EMRs would become more Realistic. This was not confirmed.

Table 11

Grade and Levels of Vocational Realism by Employment for Each EMR

Grade	Employment						Not Employed		Total	
	On Campus		Off Campus		Independent of School					
10th	29	7%	9	2%	44	11%	329	80%	411	((47%))
Realistic										
males	6		5		15		64		90	
females	5		1		1		28		35	
	11	9%	6	5%	16	13%	92	73%	125	(31%)
Unrealistic										
males	6		2		7		40		55	
females	3		-		7		47		57	
	9	8%	2	2%	14	12%	87	78%	112	(27%)
Don't Know										
males	7		1		11		75		94	
females	2		-		3		75		80	
	9	5%	1	1%	14	8%	150	86%	174	(42%)
11th	53	17%	7	2%	35	11%	219	70%	312	((35%))
Realistic										
males	10		4		7		51		72	
females	3		-		2		23		28	
	13	13%	4	4%	9	9%	74	74%	100	(32%)
Unrealistic										
males	8		1		8		33		50	
females	7		-		5		29		41	
	15	17%	1	1%	13	14%	62	68%	91	(29%)
Don't Know										
males	14		1		10		36		61	
females	9		1		3		47		60	
	23	19%	2	2%	13	11%	83	68%	121	(38%)
12th	30	18%	5	3%	26	16%	102	63%	163	((18%))
Realistic										
males	10		2		11		23		46	
females	1		2		2		10		15	
	11	18%	4	7%	13	21%	33	54%	61	(37%)
Unrealistic										
males	3		-		5		19		27	
females	4		-		3		13		20	
	7	15%	-		8	17%	32	68%	47	(29%)
Don't Know										
males	8		1		2		17		28	
females	4		-		3		20		27	
	12	22%	1	2%	5	9%	37	67%	55	(34%)

A possible influence on the result which indicated little difference in Realism with grade was the short exposure and lack of orientation toward working for the high school students as a group. Since the mean age was about 17 years and most of the students were in the 10th grade (47% of the sample), the EMR would have had little opportunity for employment.

Levels of Vocational Realism, Grade, and Employment Status. Another aspect concerning the level of Vocational Realism of interest in the study was the determination of its motivational characteristics. An examination of levels of Vocational Realism by grade and employment yielded interesting results. In interpreting these results it should be recalled that the high school employment status measure included those in a WEP on and off campus and those working independently of school. Also, it was noted previously that fewer EMRs who had No Vocational Plans worked off campus or independently of school.

With increased grade the Realistic group was more apt to be employed ($X^2=9.47$; 2 df; $p<.05$), while for the Unrealistic group no significant increase was noted ($X^2=2.91$; 2 df; $p>.05$). Surprisingly, the EMR with No Plan had the largest increase in employment with increased grade ($X^2=14.50$; 2 df; $p<.05$). For the 10th grade EMR, the relationship was clear ($X^2=6.35$; 2 df; $p<.05$): the Realistic EMR was more likely to be employed. In the 11th grade ($X^2=2.41$; 2 df; $p>.05$), and in the 12th grade ($X^2=3.59$; 2 df; $p>.05$), the level of Vocational Realism made no difference in employment status.

The main increase in employment for the Realistic group was noted between the 11th and 12th grades. Twenty-nine percent of the 11th grade males were employed while 50% in the 12th grade had jobs, and 18% of the females in the 11th grade compared to 33% in the 12th grade were employed.

The Unrealistic group maintained about the same percentage of employment (about 30%) for all grades and sexes.

The increase in employment with increased grade for the EMR without a Vocational Plan in high school resulted mainly from an increase from the 10th to the 11th grade. Twenty percent of the 10th grade males while 41% of the 11th grade males were employed. Similarly, only 6% of the 10th grade females were employed compared to 22% of those in the 11th grade.

Discussion

It is difficult to separate the influences of grade (age) and Vocational Plans as motivators of employment.

The 12th grade result contradicted what might be expected; with increased grade the Realistic EMR might have more exposure to work and with his Realistic orientation and experience, might be more likely to be employed. Perhaps this result is partially verified by noting that in the 12th grade several of the Realistic EMRs (21%) were employed independently of school while several of the EMRs without a Plan (22%) were employed on campus. Unfortunately, the employed sample was too small to treat employment as a quantitative factor (in terms of hours worked and income). Phase II will consider postschool employment in terms of success on the job as well as in terms of employed versus not employed.

Comparison of High Schools With and Without Work Experience Programs by Levels of Vocational Realism

It was hypothesized that WEP would help the EMR develop a more Realistic self-concept toward work by exposing him to an actual work situation. Through WEP the EMR would be better able to differentiate the jobs he was and was not capable of performing. Thus, on leaving school, the EMR would have Realistic goals and some of the necessary tools to pursue them.

In order to determine whether or not a WEP materially affects the level of Vocational Realism, three high schools having WEP were compared to three which did not. Since it was previously noted that schools varied in their WEP, an over-all analysis might negate the influence of the program. In selecting schools with well-established programs, if WEP actually influences the level of Vocational Realism, it should be clearly noted in these schools. In previous discussion it was suggested that there might be little difference since the level of Vocational Realism might be the result of a long-term developmental process. This analysis provides another indication of the possibility of influencing the level of Realism.

The Sample. There were 172 EMRs in the analysis: 82 attended a school without a WEP and 90 EMRs had work experience opportunities. These groups were roughly equivalent with regard to sex and distribution of grade levels. In the schools with WEP there were 56% males and 44% females compared to 68% males and 32% females for the schools without WEP (X^2=2.49; 1 df; $p>.05$). Forty-three percent of the EMRs in the schools without WEP were in the 10th grade, 44% in the 11th grade, and 13% in the 12th grade compared to 52% in the 10th, 35% in the 11th, and 13% in the 12th grade for schools with WEP (X^2=1.71; 2 df; $p>.05$).

There was a difference in IQ between the two samples (X^2=11.54; 2 df; $p<.05$); 19% of the EMRs in the schools without WEP had IQ scores of 55 or less, 38% had scores between 56-65, and 43% had scores between 66-79 compared to 2% with scores of 55 or less, 35% between 56-65, and 63% with scores between 66-79. IQ scores of the students who had work experience opportunities were higher. A difference in racial composition was also found. The high schools without WEP had 51% Negro, 26% Caucasian, and 23% Mexican compared to 9% Negro, 85% Caucasian, and 6% Mexican in schools with WEP (X^2=60.10; 2 df; $p<.05$). Since neither intelligence scores nor race was related to the level of Vocational Realism in the total Phase I sample, for analytic purposes the WEP and no WEP samples were considered comparable.

Twenty-one percent of the EMRs in schools without WEP were employed on their own initiative and 79% were unemployed. There were no students employed through the schools either on or off campus. The EMRs in schools with WEP had 35% employed on campus; 13% were employed off campus; 2% had secured employment on their own; and 50% were unemployed.

Results. The two groups did not differ in either levels of Aspiration Realism or in levels of Vocational Plan Realism. In those schools without WEP, 5% of the EMRs had No Vocational Aspiration, 37% had Realistic Aspirations, and 58% had Unrealistic Aspirations compared to 13% with No Aspiration, 35% Realistic, and 51% Unrealistic in schools with WEP (X^2=4.58; 2 df; $p>.05$).

Forty-seven percent of the EMRs in schools without WEP indicated they had No Vocational Plans; 32% were Realistic, and 21% were Unrealistic; 31% of the EMRs in schools with WEP had No Vocational Plans, 39% were Realistic, and 30% were Unrealistic (X^2=5.04; 2 df; $p>.05$).

Discussion

The results tend to confirm the finding that work experience in high school does not appear to modify the level of Vocational Realism.

Summary of Results: The High School EMR

The Sample. Of the 886 high school EMRs studied in Phase I, 59% were male. The average IQ was 66.7. Almost half were in the 10th grade and about half were Negro. The EMRs in the sample were likely to have had at least one year of special training prior to high school.

Vocational Plans of the EMRs. The largest area of occupational choice was crafts and manual jobs: 10% skilled, 4% semiskilled, 12% unskilled. The largest group of EMRs (40%) had No Vocational Plan; 32% of the responses were Realistic and 28% were Unrealistic. Significantly more EMRs had No Vocational Plan and fewer were Unrealistic. A sex difference was noted: more males were Realistic and more females had No Vocational Plan.

Significantly more EMRs had Unrealistic Aspirations (63%); 27% were Realistic, and 10% had No Aspiration.

There was a definite relationship between the level of the Plan and the level of the Aspiration. Eighty percent of those with Unrealistic Plans also had Unrealistic Aspirations; 45% of those with Realistic Plans also had Realistic Aspirations.

Educational Plans. Significantly more EMRs had Realistic Educational Plans--completion of high school. There was a relationship between the level of Vocational Plan Realism and Educational Realism: the EMR who had a Realistic Vocational Plan was likely to have a Realistic Educational Plan. The Unrealistic EMR often expected to go on to trade school or college.

Employment Status in High School. Most of the EMRs were unemployed at the time of the interview (73%); 12% worked independently of the school and 14% were in a WEP--12% on campus and 2% off campus. One school studied had very effective on- and off-campus programs (30 of 43 [70%] students were placed in a job at the time of the interview). Schools placed one in ten EMRs even though they did not have a formal WEP. Those schools with formal programs placed about two in ten. Except in two schools, off-campus programs were in name only.

The hypothesis that EMRs with formal work experience in high school would be more Realistic was partially confirmed. The confirmation applied only to those EMRs who were employed off campus through WEP or who were employed independently of the school. No generalization about the relationship of WEP and the level of Vocational Realism can be made with confidence because of the small percentage of students who were employed through an off-campus program. When three schools which had the "best" WEP (in terms of the number of students employed) were compared to three which had no program, no differences in the distributions of the levels of Realism were found.

Of the variables examined, intelligence test score and health were not related to employment status. Race was related to employment status in high school. Negroes were more likely to be unemployed. This result was accounted for by the general lack of WEP and employment opportunities in districts where minority groups were concentrated.

Sex was related to employment status in high school. More males were employed, especially independently of school. With increased grade, more students were employed. The greatest increase by grade was in the proportion of students who had on-campus jobs. In view of the grade results, it is interesting to note that grade and the level of Vocational Realism were unrelated.

When grade and the level of Realism were considered together, it was found that with increased grade the Realistic EMR was more apt to be employed. The EMR with No Plan had the largest increase in employment with increased grade. There was no tendency among Unrealistic EMRs for increased employment with increased grade.

The next chapter will focus on the variables related to the levels of Vocational Realism.

CHAPTER IV

DESCRIPTION OF THE HIGH SCHOOL EMR BY LEVEL OF VOCATIONAL REALISM

One of the general objectives of the present research was to determine which variables were most highly related to the EMR's level of Vocational Realism in high school A second objective was to prepare general descriptions of Realistic, Unrealistic, and No Plan students. In all, 32 variables (see Appendix I for a complete list) were coded from the Phase I interview and were analyzed in relationship to the level of Vocational Realism. First, a series of single, product-moment correlation coefficients were computed--the Realistic and Unrealistic, the Realistic and No Plan EMRs being compared. Analyses were done for the total group and separately by sex. Descriptions were prepared based on all correlations significant at less than the .05 to the .10 level and characteristic of at least 10% of the sample. The significant correlations are found in Table 12. The numbers in parentheses within the descriptions refer to line numbers in Table 12 where the corresponding correlations are found.

In addition to the single correlations, a discriminant analysis was performed on variables correlated with a level of Realism at a modest .10 level and descriptive of at least 10% of the sample in order to determine which combination of factors might indicate the most important differences between the Realistic and Unrealistic, the Realistic and No Plan EMR. The important combinations of variables obtained from the discriminant analysis for the total group and separately by sex are presented in Tables 13 and 14 for the respective comparisons. The order of variables in the tables suggests the relative importance of factors in the different groups.

The Realistic and Unrealistic EMR

The Total Group by Single Correlations. The Realistic EMR was apt to have a Realistic Aspiration (14) and a Realistic Educational Plan (18). The family of the Realistic EMR was instrumental in providing the idea for the Plan (20), and a family member was likely to be performing the job (36). The Realistic EMR was likely to have had actual experience at his Vocational Plan (32) and knowledge of the job requirements (30). If the EMR did not talk to his mother (49) about the Plan, he was likely to be Realistic.

The Unrealistic EMR was likely to be female (5) and be Negro (2). The Unrealistic EMR was also likely to have an Unrealistic Aspiration (15), have Unrealistic Educational Plans (19), have got the idea on his own (23), and to have inaccurate knowledge of the requirements of the Plan (31). If the mother had talked with the EMR, the Plan was more likely to be Unrealistic (48). The more vocational courses EMRs took, the more apt they were to be Unrealistic (48). If the model (occupation of the parental figure of the same sex) was Realistic, the EMR was apt to be Unrealistic (57).

Table 12

The Level of Realism Correlated to Other EMR Characteristics, Phase I

	Realistic v. Unrealistic						Realistic v. No Plan						
Variable	Total Group (N=536)	Prop.	Male (N=340)	Prop.	Female (N=196)	Prop.	Total Group (N=636)	Prop.	Male (N=391)	Prop.	Female (N=245)	Prop.	Line
Race													
Caucasian	.02	.36	.02	.38	-.02	.32	-.02	.38	.08	.35	-.15*	.41	1
Negro	-.08*	.44	-.04	.42	-.12	.47	-.03	.42	-.11*	.45	.05	.36	2
Mexican	.06	.19	.03	.18	.14*	.20	.04	.19	.03	.18	.09	.22	3
Grade	.02	C	--	--	.04	C	.08*	C	.10*	C	.04	C	4
Sex (female)	-.21*	.37	--	--	--	--	-.21*	.39	--	--	--	--	5
Age	.05	C	.03	C	.07	C	.07	C	.10*	C	.04	C	6
Health													
No Problems	.03	.46	.06	.48	-.06	.42	-.01	.47	.06	.47	-.12*	.47	7
Vision, Hearing & Speech	--	--	-.02	.26	.05	.27	-.04	.28	-.08*	.29	.03	.28	8
Neuro., Physical & Coordin.	-.08*	.08	-.05	.07	-.09	.10	-.01	.06	-.01	.06	.00	.07	9
Dental	-.03	.06	.03	.05	-.09	.07	.02	.05	.05	.05	-.03	.05	10
Emotional	.08*	.08	.06	.08	.12	.08	.06	.08	.03	.08	.11	.07	11
Weight	-.04	.04	-.06	.03	.01	.06	-.04	.04	-.01	.02	-.01	.17	12
Organic	-.02	.03	-.08	.02	.07	.05	.01	.03	-.06	.02	.12*	.03	13
Aspiration													
Realistic	.37*	.29	.36*	.37	.31*	.16	.23*	.33	.21*	.41	.15*	.20	14
Unrealistic	-.34*	.63	-.34*	.56	-.27*	.73	-.16*	.56	-.15*	.50	-.10	.66	15
Vocational Plan													
Realistic	1.00	.53	1.00	.61	1.00	.40	1.00	.45	1.00	.53	1.00	.32	16
Unrealistic	-1.00	.47	-1.00	.39	-1.00	.60	--	--	--	--	--	--	17

Table 12 (continued)

Variable	Realistic v. Unrealistic						Realistic v. No Plan						
	Total Group (N=536)	Prop.	Male (N=340)	Prop.	Female (N=196)	Prop.	Total Group (N=636)	Prop.	Male (N=391)	Prop.	Female (N=245)	Prop.	Line
Educational Plan													
Realistic	.19*	.68	.17*	.68	.24*	.68	.07	.73	.08*	.71	.10	.76	18
Unrealistic	-.18*	.28	-.15*	.27	-.22*	.30	-.07	.24	-.09*	.26	-.06	.21	19
Idea of Vocational Plan													
Family	.08*	.22	.16*	.23	-.05	.22	.40*	.11	.39*	.15	.37*	.06	20
Friend	-.05	.09	.02	.08	.12	.10	.24*	.05	.21*	.05	.32*	.04	21
Teacher	-.01	.05	-.06	.07	.07	.02	.17*	.02	.17*	.03	.13*	.01	22
Own Decision	-.16*	.45	-.20*	.41	-.05	.52	.50*	.17	.43*	.18	.63*	.16	23
Experience	.15*	.15	.14*	.18	.10	.09	.34*	.09	.34*	.12	.30*	.04	24
Helped Think Most About a Job													
Family	.01	.58	.11*	.55	-.13	.63	.06	.55	.07	.56	.03	.53	25
Friend	-.15*	.03	-.14*	.02	-.16*	.04	-.07	.01	-.06	.01	-.08	.01	26
Teacher	.02	.13	-.05	.14	.14*	.10	.01	.13	-.04	.14	.09	.11	27
Own Decision	-.03	.09	-.11*	.12	.07	.05	.05	.07	.05	.08	.02	.06	28
No Guidance	.03	.16	.03	.14	.07	.18	-.10*	.21	-.08*	.18	-.08	.27	29
Job Knowledge													
Knowledge	.08*	.95	.04	.96	.09	.93	.97*	.44	.97*	.52	.97	.31	30
No Knowledge	-.08	.04	-.04	.03	-.11	.06	.12*	.01	.11*	.01	.13*	.01	31
Performed Job													
Has Done It	.10*	.55	.04	.61	.12	.45	.67*	.27	.66*	.33	.66*	.17	32
Has Not Done It	-.19*	.45	-.03	.39	-.12	.55	.52*	.18	.47*	.20	.62*	.15	33

Table 12 (continued)

Variable	Realistic v. Unrealistic						Realistic v. No Plan						
	Total Group (N=536)	Prop.	Male (N=340)	Prop.	Female (N=196)	Prop.	Total Group (N=636)	Prop.	Male (N=391)	Prop.	Female (N=245)	Prop.	Line
Know Anyone Who Does Plan													
No One	-.04	.35	-.04	.34	-.03	.38	.47*	.15	.43*	.17	.53*	.11	34
Yes, no qualifications	.02	.05	-.01	.05	.07	.05	.17*	.02	.15*	.03	.21*	.02	35
Yes, Family	.13*	.27	.13*	.27	.13	.28	.46*	.15	.42*	.17	.52*	.11	36
Yes, Friend	-.06	.30	-.06	.31	-.09	.28	.42*	.12	.40*	.16	.41*	.07	37
Yes, Teacher	-.09*	.02	-.08	.02	-.12	.02	.06	.00	.07	.01	--	--	38
Father's Occupation													
Professional or Skilled	-.02	.33	.01	.34	-.07	.32	.04	.30	.07	.31	-.01	.29	39
Clerical or Sales	-.02	.04	-.02	.04	-.04	.04	-.12*	.07	-.07	.05	-.16*	.09	40
Service	.04	.09	--	--	.10	.08	.04	.09	.05	.08	.04	.10	41
Semiskilled or Unskilled	-.01	.28	-.03	.29	--	--	.04	.25	.06	.26	--	--	42
Out of the Home	-.03	.21	-.02	.18	--	--	-.08*	.23	-.15*	.24	.04	.22	43
Talk with Father Re Job													
Yes	-.05	.41	-.01	.47	-.23*	.31	.19*	.29	.24*	.36	-.01	.19	44
No	.06	.43	.02	.38	.21*	.51	-.14*	.53	-.15*	.46	-.02	.66	45
Mother's Situation													
Employed	-.01	.87	--	--	.01	.39	-.01	.36	-.02	.36	.02	.37	46
Out of the Home	.01	.04	-.01	.04	.01	.04	--	--	-.04	.05	.04	.03	47
Talk with Mother Re Job													
Yes	-.12*	.57	-.07	.53	-.16*	.64	.04	.49	.05	.48	.04	.52	48
No	.13*	.45	.07	.50	.18*	.37	-.04	.55	-.07	.57	-.03	.51	49
Length in Special Training	-.03	c	.02	c	-.10	c	.08*	c	.11*	c	.02	c	50

Table 12 (concluded)

Variable	Realistic v. Unrealistic						Realistic v. No Plan						
	Total Group (N=536)	Prop.	Male (N=340)	Prop.	Female (N=196)	Prop.	Total Group (N=636)	Prop.	Male (N=391)	Prop.	Female (N=245)	Prop.	Line
Employment Status													
On Campus--WEP	.00	.12	-.01	.13	-.01	.12	-.01	.12	-.05	.14	.04	.10	51
Off Campus--WEP	.11*	.03	.07	.04	.15*	.02	.11*	.03	.10*	.04	.12*	.02	52
Independent of the School	-.01	.14	.01	.16	-.10	.10	.07	.11	.05	.14	.02	.06	53
Number of Academic Courses	.07	C	.14*	C	-.05	C	.05	C	.03	C	.04	C	54
Number of Nonacademic Courses	.06	C	.05	C	.05	C	--	--	.01	C	-.03	C	55
Number of Vocational Courses	-.12*	C	-.13*	C	-.04	C	-.03	C	-.01	C	--	--	56
Model													
Realistic	-.13*	.50	-.07	.31	.05	.81	-.11*	.50	.01	.28	-.01	.84	57
Unrealistic	.07	.34	.04	.46	-.08	.15	.12*	.31	.09*	.43	-.03	.13	58
Intelligence Score	-.04	C	-.10	C	-.03	C	.03	C	.07	C	-.07	C	59
Graduation Status													
Graduated	.04	.18	.01	.19	.06	.15	.07	.16	.07	.17	.06	.15	60
Dropout	.02	.14	.02	.15	-.01	.13	.01	.14	.01	.15	-.01	.13	61

* Significant r, p<.05 or less (Realistic v. Unrealistic: Total r 7.08; male r>.11; female r>.14...
(Realistic v. No Plan: Total r 7.08; male r>.10; female r>.12)

No * Significant r, p between .05 and .10

C = continuous variable

A positive correlation indicates the characteristic was relative to a Realistic EMR.

Discussion

The consistency between the Plan, Aspiration, and Educational Plan of the Realistic and Unrealistic EMRs was expected due to previous results discussed in Chapter III. The Realistic EMR who had performed his Vocational Plan, probably with a member of his family, possibly had more opportunity to develop vocational skills. That EMRs who talk with their mothers about future Vocational Plans are Unrealistic might indicate a sex difference in talking to parents. Sex and talking to the mother were correlated ($r=.11$; $p<.05$), and the female was more likely to talk to her mother. Since females were Unrealistic more often, the result would not be unexpected.

The number of vocational courses was influential in the level of Realism, probably because of a grade difference; EMRs in the 10th grade had less choice about their course work and took academic courses. The correlation between grade and the number of vocational courses was significant ($r=.23$; $p<.05$).

The unexpected result was that the EMRs who had Realistic models tended to be Unrealistic. This result could raise questions regarding theories which stress identification. However, the finding might have occurred because the females tended to be Unrealistic, and 61% of the mothers of the female group were housewives (Realistic). Perhaps this explanation accounts for the lack of relationship between the occupational models and the EMR's Vocational Plan when the total group was divided by sex.

The Realistic and Unrealistic Male by Single Correlation. The male who had a Realistic Vocational Plan was Realistic in his Aspiration (14) and in his Educational Plan (18). His family provided the idea for his Plan (20), helped him think about the Plan (25), and someone in the family performed the job (36). The male EMR had also worked at the job indicated as his Vocational Plan (24). The Realistic male EMR was apt to be taking more academic courses at the time of the Phase I interview (54).

The description of the Unrealistic male was similar to the description of the total Unrealistic group. He was apt to be Unrealistic in Aspiration (15) and in his Educational Plan (19). The idea for the Vocational Plan was likely to be his own (23), and no other person was particularly influential in his thinking (28). The Unrealistic male was likely to take more vocational courses (56).

Discussion

The descriptions of the Realistic and Unrealistic male were similar to the descriptions of the total group. Family influences on the Realistic group were clearly indicated. However, no difference between the Realistic and Unrealistic males was noted in regard to having performed the Vocational Plan or having accurate knowledge of it. The lack of difference suggests that some of the Unrealistic EMRs were performing Unrealistic jobs, and it might be suspected that the Realistic and Unrealistic had been employed about the same amounts of time.

The correlation between the types of courses and the level of Realism probably resulted from 10th graders who were taking more academic courses and who also tended to be Realistic.

The Realistic and Unrealistic Female by Single Correlations. The Realistic female was more likely to be of Mexican descent (3). She tended to have a Realistic Aspiration (14) and a Realistic Educational Plan (18). If the father (45) or the mother (49) did not talk with the female EMR about her Plan, she was more apt to be Realistic. If the teacher talked to her (27) she was likely to be Realistic.

The Unrealistic female was more likely to have an Unrealistic Aspiration (15) and Unrealistic Educational Plans (19). If the mother (48) or the father (44) talked to her, she was more apt to be Unrealistic.

Discussion

For the female group, fewer significant factors in terms of the level of Realism were noted than for the total group or for the males. This result could be expected since females might be less employment oriented. Contrary to expectations, the Unrealistic female was characterized by talking to her mother and father about her Vocational Plan. The underlying reason for this result might be the lack of difference in where the Plan idea originated, especially with regard to the family. Perhaps, if the female EMR had an Unrealistic Plan, she discussed it with her family in order to reinforce it or to assure herself that the Plan might be realizable.

No course or grade differences were noted and this might result from the fact that a very large number of the females in the analysis were Unrealistic (60%).

The Total Group by Combination of Factors (see Table 13). From the discriminant analysis for the total group the Realistic EMR was characterized by Realistic Aspirations and Realistic Educational Plans. The Unrealistic EMRs were characterized by having a Vocational Plan which was their own idea, and they were helped most in thinking about a job by friends. The Unrealistic EMRs were more apt to be female. The Realistic EMRs were taking more academic courses when contrasted to the Unrealistic students. Taking academic courses, when considered singly, was not correlated with the level of Vocational Realism of the total group; however, in combination it was an important factor.

Discussion

In the results reported in Chapter III, the consistency in the level of Vocational Plans, Aspirations, and Educational Plans was noted, and it was not surprising that this group of factors accounted for most of the difference between the Realistic and Unrealistic EMR. Also, as was suggested previously, the Unrealistic EMR's claim of personal decision as characteristic of his Vocational Plan indicates a motivational or other personality factor which maintained itself even when the EMR was actually in special training.

Table 13

Description of the Realistic and Unrealistic High School EMR by Combinations of Factors

Factor	Realistic v. Unrealistic Mean or Proportion of Group	Product Moment r	Multiple R
Total Group (N=536)	(Realistic .53)		
Realistic Aspiration	.29	+.27*	.37
Realistic Educational Plans	.68	+.19*	.40
Plan idea - own	.45	-.16*	.42
helped think - friend	.03	-.15*	.45
female	.37	-.21*	.47
number of academic courses	C	+.07	.48
Male Only (N=340)	(Realistic .61)		
Realistic Aspiration	.37	+.36*	.36
Plan idea - own	.41	-.20*	.40
helped think - friend	.02	-.14*	.43
Realistic Educational Plans	.68	+.17*	.45
number of academic courses	C	-.06	.48
Female Only (N=196)	(Realistic .40)		
Realistic Aspiration	.16	+.31*	.30
talk to father about Plan	.31	-.23*	.37
Realistic Educational Plans	.68	+.24*	.41
WEP off school grounds	.02	+.15*	.44
has done Vocational Plan job	.45	+.12	.46
father employed - service occ.	.08	+.10	.48
helped think - friend	.04	-.16	.50
job idea from friend	.10	+.12	.52
not talk to mother about Plan	.37	+.18*	.53
organic health problem	.05	+.07	.54
job idea from experience	.09	+.10	.55
neurophysical problem	.10	-.09	.56

* Indicates a correlation significant at the .05 level

A positive correlation indicates Realistic

C = continuous variable

Combination of Factors by Sex for the Realistic and Unrealistic EMR. If the total group analysis accurately reflects the EMR, then an analysis by sex would indicate the same or a very similar combination of distinguishing factors (see Table 13). For the male group, the same factors were noted, and only the order of importance of Educational Plans changed. Realistic Aspirations remained the most important factor differentiating the Realistic and Unrealistic male. The Unrealistic male had arrived at his Vocational Plan on his own or had obtained help from a teacher (a factor which occurred infrequently).

For the Realistic female group, Realistic Aspirations remained the most important factor distinguishing it from the Unrealistic group. However, talking with the father about the Plan as characteristic of the Unrealistic female was more important than Realistic Educational Plans for the Realistic female. Only two other factors were noted which might be verified in further studies. The Realistic female was likely to have performed the job indicated as her Plan and was not likely to have talked to her mother about her Plan.

Discussion

The underlying factors for the Realistic and Unrealistic EMRs by sex suggest that a total group analysis alone might negate important differences. The Unrealistic male appeared to be the most influenced by personal decision while the Unrealistic female appeared to be the most influenced by her family. From the Phase I analyses, it was difficult to determine the underlying influences on the Realistic male; these will be discussed in Phase II. The Realistic female appears most influenced by experience at her Vocational Plan.

The Realistic and No Plan EMR

The numbers in parentheses refer to line numbers in Table 12.

The Total Group by Single Correlations. For the total group the Realistic EMR was more apt to have a Realistic Aspiration (14) when compared to the EMR with No Plan. The Realistic was more likely to be in a higher grade (4) and to have been in special training longer (50). The father of the Realistic EMR was more apt to talk with him about Vocational Plans (44), and the model was more likely to be Unrealistic (58). The Realistic EMR was more apt to be employed off campus on WEP (52); however, this factor only represented 3% of the group.

The EMR with No Plan was more likely to be female (5) and have an Unrealistic Aspiration (15). The model was more apt to talk with the EMR about Vocational Plans (45), and the father was likely to be out of the home (43).

Discussion

The descriptions of the Realistic and No Plan EMRs suggest that a sex difference might be important. A larger proportion of females (68%) than males (47%) had No Plan. This fact probably accounts for the fact that those with No Plan had Realistic models--61% of the females' mothers were housewives.

The Realistic and No Plan Male by Single Correlations. The Realistic male EMR was apt to have a Realistic Aspiration (14) and Realistic Educational Plans (18). The Realistic male was likely to be older at the time of the interview (6), be in a higher grade (4), and have been in special training longer (50) than the No Plan male. The father was more apt to talk with his Realistic son about his Plan (44), and the model (father) was more apt to be employed at an occupation Unrealistic for the EMR (58).

The No Plan male was more apt to have an Unrealistic Aspiration (15) and Educational Plan (19). The father was not likely to have talked about a Plan (45) and was likely to be out of the home (43). The male EMR with No Plan was apt not to have had any guidance in thinking about a job (29). According to school records, he was more likely to have a visual, hearing, or speech problem (8).

Discussion

Based on single correlations, the Realistic and No Plan EMR males appear to be differentiated mainly by possible socioeconomic characteristics such as having a father in the home and having an Unrealistic model. The Unrealistic model implies that the father was employed at a job higher than the unskilled or semiskilled level. In terms of socioeconomic characteristics, the Realistic male appears most like the Unrealistic female. For the male group, the Unrealistic appeared most highly motivated by personal decision, the Realistic by family influences, and the No Plan by lack of familial guidance.

The Realistic and No Plan Female by Single Correlations. Very few factors differentiated the Realistic female from the female with No Plan. The Realistic female was apt to have a Realistic Aspiration (14) while the female with No Plan was apt to be a Caucasian (1) with no health problem (7). The No Plan female's father was likely to be in a clerical or sales occupation (40). The Realistic female tended to work off campus on WEP (52); however, this characteristic was only representative of 2% of the sample.

Discussion

The difference between the Realistic and No Plan females appeared slight. Perhaps, the lack of differences might be the result of the small proportion of females who were Realistic, 32% of the Realistic v. No Plan sample.

The Realistic and No Plan EMR by Combination of Factors. The important combinations of factors resulting from the discriminant analyses on the Realistic v. No Plan group of EMRs are given in Table 14.

Among males, the greatest difference between the Realistic and No Plan EMR was that the father had talked with the Realistic male about his Plan. The Realistic male was also characterized by a Realistic Aspiration and more years in special training. The No Plan male was likely to be Negro. The relationship between talking about a Plan with the father for the Realistic and being Negro for the No Plan male appeared to result from the fact that the male Negro's father was apt not to be in the home ($r=.26$; $p<.05$).

Table 14

The Realistic and No Plan EMR by Combination of Factors

Factor	Realistic v. No Plan Mean or Proportion of Group	Product-Moment r	Multiple R
Total Group (N=636)	(Realistic .45)		
Realistic Aspiration	.33	+.23*	.23
father talk about a job	.29	+.19*	.29
female	.39	-.21*	.32
off-campus job - thru WEP	.03	+.11*	.33
father - clerical or sales occ.	.07	-.12*	.35
Male Only (N=391)	(Realistic .53)		
father talk about a job	.36	+.24*	.23
Realistic Aspiration	.41	+.21*	.32
length in special training	C	+.11*	.34
Negro	.45	-.11*	.36
Female Only (N=245)	(Realistic .32)		
father - clerical or sales occ.	.09	-.16*	.16
Realistic Aspiration	.20	+.15*	.22
off-campus job - thru WEP	.02	+.12	.26
Caucasian	.41	-.15*	.29
no health problems	.47	-.12	.32
dental problems	.05	-.03	.35
organic health problems	.03	+.12	.36
Realistic Educational Plans	.76	+.10	.38

* Indicates a correlation significant at the .05 level

A positive correlation indicates Realistic

C = continuous variable

The analysis of the Realistic v. the No Plan female indicated that a relatively rare factor, the father employed at a clerical or sales job, was the most important characteristic of the female with No Plan. The Realistic girl was characterized by two other relatively rare factors: having a Realistic Aspiration, representative of 20% of the group, and being employed off campus in WEP, representative of 2% of the group.

Discussion

The discriminant analyses indicated that the differences between the Realistic, Unrealistic, and No Plan groups were slight, especially between the Realistic and No Plan groups. In each of the analyses no more than 25% of the variance was accounted for, and in most cases less than 20% of the variance was explained. However, some consistent tendencies were indicated, especially for males. The correlations, though significant, were moderate at best, and this must be considered when interpreting the results.

CHAPTER V

RESULTS AND DISCUSSION
PHASE II: THE POSTHIGH-SCHOOL EMR

General Characteristics of the Postschool EMR

The follow-up sample of 149 EMRs who had been interviewed in high school and had either graduated from or dropped out of high school since the time of the Phase I interview can be characterized generally in terms of sex, race, IQ, religion, marital status, number of children, and geographical background. Where appropriate, the follow-up sample was compared with the original 886 EMRs on certain variables to give some idea of the similarity of the two samples.

Sex, Race, Age, and Intelligence. Sixty percent of the EMRs in the follow-up sample were males while 40% were females; in the original sample, 59% were males and 41% were females. In terms of racial and ethnic distribution, 37% were Caucasian, 41% were Negro, 20% were Mexican, and 2% were classified as Other (1 Oriental, 1 American Indian, and 1 Filipino). In the first phase sample, respective percentages were 37%, 44%, 18%, and 1%. Thus, the in-school and follow-up samples are almost identical with regard to sex and racial composition.

The average age of the follow-up group was 18 years 6 months. Ages ranged from 16.4 to 20.8 years. Since age was recorded at the time of each interview, no direct comparison between groups can be made. The average IQ was 66.7 and ranged between 46 and 79. The average IQ of the original 886 EMRs was 66.7; thus, the in-school group and the follow-up sample were equivalent in terms of average IQ (see Table 15).

Table 15

Comparison of Intelligence Test Scores for EMRs
Phase One and Phase Two

Intelligence Scores	Phase One		Phase Two	
	Number	Percent	Number	Percent
46-50	23	2.6	5	3.4
51-55	61	6.9	10	6.7
56-60	99	11.2	18	12.1
61-65	176	19.9	28	18.8
66-70	216	24.4	32	21.5
71-75	205	23.1	37	24.8
76-79	106	12.0	19	12.7
Total	886	100.0	149	100.0
$\bar{X}$	66.7		66.7	
S.D.	7.7		7.8	

Religion. In terms of religion, the follow-up sample was described as: 59% Protestant, 30% Catholic, 1% Jewish, and 6% stating they had no religion. The religion of 4% could not be determined. There was no comparable question regarding religion in the first phase interview.

Geographical Background. The EMRs interviewed in the follow-up study had various geographical roots. Most were born in California (55%), 10% were born in the Southwest, 14% were from the Southeast, 1% were from the Northwest, 10% were from the Midwest, 6% were born in the Northeast, and 4% were born outside of the United States. Of those not born in California, 90% had lived in the state of California over five years, suggesting that the group was not transient.

Marital Status. In the Phase I group, two students were married and one of them had one child. In the follow-up sample, eight interviewees were married. Ten unwed interviewees had one child each.

The EMR's Family Background and Relationships

Each EMR must be considered and understood in terms of many variables, not the least of which are family background and relationships.

The Father. The EMR's father was defined as the present father figure, either natural father or stepfather. The average age of the fathers at the time of the follow-up interview was 48.7 years, and the ages ranged from 34 to 66 years (one stepfather was 27 years of age). Ninety-eight or 65% were present in the home with the EMR, 24% were out of the home, and 10% were deceased.

From Table 16 it can be seen that the occupations of the fathers in both samples were roughly equivalent. The largest employment category for both groups was skilled or semiskilled. In the original and follow-up samples few fathers had professional occupations, and less than 10% in each group were unemployed.

Table 16

A Comparison of Fathers' Occupations
Phase One and Phase Two

Occupation	Phase One		Phase Two	
	Number	Percent	Number	Percent
Professional	62	7	5	3
Clerical or Sales	53	6	10	7
Service	80	9	20	13
Agriculture or Unskilled	151	17	31	20
Skilled or Semiskilled	292	33	48	32
Unemployed	44	5	12	8
Deceased or No Record	204	23	23	17
Total	886	100	149	100

Each EMR whose father was employed was asked in the follow-up interview if he perceived his father to be happy with his job(s). Ninety-six percent reported their fathers were happy while 4% stated they were not.

The Mother. The EMR's mother was defined as the present mother figure, either natural mother or stepmother, and she can be described according to several characteristics: 88% were present in the home with the EMR, 10% were not in the home, and 2% were deceased. The mothers' ages at the time of the interview ranged from 33 to 61 years and averaged 43.8 years.

From Table 17 it can be seen that the distribution of mothers' occupations in the Phase I and Phase II samples was similar. The largest number of mothers were unemployed housewives. If the mothers worked, they were likely to have service jobs.

Table 17

A Comparison of Mothers' Occupations
Phase One and Phase Two

Occupation	Phase One		Phase Two	
	Number	Percent	Number	Percent
Unemployed - Housewife	523	59	91	62
Professional	44	5	6	4
Clerical or Sales	62	7	7	4
Service	124	14	26	17
Semiskilled or Unskilled	80	9	13	9
Skilled	18	2	1	1
Deceased or No Information	35	4	5	3
Total	886	100	149	100

Of those EMRs in Phase II whose mothers were employed, 89% perceived their mothers were happy with their job(s) while 11% stated they were not.

Education. The educational background of the parent or parent substitute was obtained from the adult interview. Of the adults interviewed, 89% were parents. The average grade in school completed by the interviewed adult was 9.6, while that of his or her spouse was 8.1.

Religion. The religion of the interviewed adults roughly parallels that of the EMRs, as 69% were Protestant, 25% were Catholic, 1% were Jewish, and 3% claimed no religion.

EMR Siblings. The EMR not only interacts with his parents, but also with his siblings--all or most of whom may have average or above-average intelligence. Six (4%) of the EMRs were only children. The number of siblings for each EMR ranged from 0 to 13 with an average of 4. The average number of brothers was 2.2 while the average number of sisters was 1.9.

Sibling Rank. Another variable when considering siblings was the order of the child in the family. In the follow-up sample, 31% of the subjects were first children, 34% were second children, 14% were third children, and 21% were fourth or later children. Thus, there was no marked tendency for the EMRs in the sample to be a first, middle, or youngest child.

Length of Residence. The length of time an EMR had been in the present family unit was also recorded. This length of time ranged from 1 to 21 years and averaged 17 years. Most of the EMRs who had lived in their present households for less than two years had recently married. Therefore, the majority of the EMRs studied had lived with one family unit for most of their lives.

Social and Economic Factors in the EMR's Background

Economic and social factors in the environment may help to determine attitudes toward the world of work and toward everyday living in general. They may also serve to limit opportunity for education, training, and advancement. Specific to this study, economic and social aspects of the environment may be related to the EMR's level of Vocational Realism and Aspirational Realism. Several questions in both the parent and the EMR follow-up interviews dealt with economic and social matters (see Appendixes G and F for exact questions).

Number of Persons in the Home. The total number in the home might be important in terms of privacy, congeniality, socioeconomic pressures, etc. The number in each home including the EMR ranged from 2 to 15 with an average of 5.8. This figure includes all people living in the home who were accepted into the family unit including friends so treated, but it does not include roomers who were not treated as family members.

Family Income. Yearly income is one indicator of any particular family's standing in the community. The real meaning of the income data, of course, depends on the number of persons relying on any salary or combination of salaries for the necessities and recreational aspects of everyday living. Fourteen or 10% of the families in the follow-up study earned $2,000 or less per year. Twenty-five percent of the families earned $2,000 to $4,000; 19% of the families earned $4,000 to $6,000; 18% earned $6,000 to $8,000; 21% earned between $8,000 and $10,000; and 6% earned over $10,000 per year. The median yearly income of the families was roughly $5,560.

Discussion

The median income per family throughout Los Angeles County based on 1960 Census data was $7,046 per year, the median number of persons per family was 2.1. The average number per family in the follow-up sample was 5.8. Therefore, the families represented in this study are not typical in size or economic status of those in the county. The result that the EMR's family income is lower than the average for the county supports previous findings that mental retardation is more prevalent in low socioeconomic areas (Kirk, 1964).

Agency Income. Another indication of family economic standing and independence is the amount of aid received from sources outside of the family itself. Ninety-nine or 66% of the families studied in the follow-up phase received no outside financial aid of any sort. Nine percent had one or more family members who obtained Social Security benefits at the time of the interview. Fifteen percent of the families were receiving aid from the Bureau of Public Assistance of Los Angeles County; 3% were receiving unemployment compensation. Eleven or 7% of the families had financial aid from more than one source.

Home Ownership. Sixty-three or 43% of the families lived in dwellings which they did not own while 57% of the families owned their own homes. The data compare favorably with the 1960 Census data for Los Angeles County which reported 51% of all housing units were owner occupied, 43% were renter occupied, while 6% were vacant. The number of rooms per dwelling among follow-up families ranged from 3 to 10 and averaged 5.4. The total number of bedrooms ranged from 1 to 8 and averaged 2.8.

Other Socioeconomic Variables. Other indications of economic or social advantages might be the number of television sets and cars per family, and the number of subscriptions to magazines or newspapers. Two percent of the families had no television set, 48% had one, 38% had two, 9% had three, and 3% had four or more TV sets. Thirty-six or 24% of the families had no car, 38% had one, 31% had two, and 6% had three or more automobiles.

Eighty-nine or 59% of the families did not subscribe to any magazine, 14% took one, 8% took two, 4% took three, and 15% took four or more magazines at the time of the follow-up interview. Sixty-two or 41% of the families did not subscribe to any newspaper while 58% of the families subscribed to one or more.

The EMR's Social and Recreational Activities

Leisure-time activities were considered since they might give some indication of the personality and interests of the EMR adolescent.

Television. The EMRs in the follow-up sample watched a great deal of television. Hours per day ranged from 0 to 9 and averaged 3.7. Total hours watched per week averaged 24.9 (SD=18.7). The majority of EMRs (44%) preferred dramatic shows. Three percent never watched television, 11% had no preference, 4% preferred Westerns, 12% liked music and dance shows, 2% preferred news, 13% preferred comedy, 4% liked sports, and 6% liked movie and conversation programs.

Hobbies. The majority of EMRs (63%) in the follow-up study had one or more hobbies. Nineteen percent of those with hobbies participated in active sports; 7% had sedentary hobbies such as card playing or listening to music; 72% had hobbies involving specific skills (sewing, cooking, making model planes); 2% listed socializing as a hobby. Eighty percent engaged in their hobby alone, 13% in a group of seven or less, and 7% participated in a large group.

Other Activities. Most of the EMRs did not participate in a church group (81%) or in any other group activity (88%).

Trouble with the Law. One indication of social adjustment might well be the EMR's record with the law. The subject's trouble with the law as perceived by the EMR and the adult interviewed is reported in Table 18. The main difference between the two reports was found in minor violations (curfew, reprimand, picked up by police).

Table 18

Reported Encounters with the Law (N=149)

Reported Encounter	EMR View		Interviewed Adult (Parent)	
	Number	Percent	Number	Percent
Not in Trouble	102	68.5	112	75.2
In Trouble				
Minor (curfew, talked to only)	6	4.0	4	2.7
Runaway from Home	1	.7	1	.7
Picked up, Taken to Police Station	14	9.4	9	6.0
Picked up, Put on Probation	9	6.0	8	5.4
Major Offense: Sent to Youth Camp	13	8.7	14	9.4
Rather Not Talk About It	4	2.7	1	.7

Summary of EMR Posthigh-School Characteristics

On those characteristics which could be compared, the Phase I and Phase II samples were roughly equivalent.

Sixty percent of the follow-up EMRs were male, 40% were female. The average IQ was 66.7, the average age was 18.6 years. Forty-one percent were Negro, 57% Caucasian (of the Caucasian, 20% were Mexican), and 2% were classified as Other. Most of the postschool sample were Protestant (59%). Fifty-five percent were born in California; of those not both in California, 90% had lived in the state over five years.

The average age of the EMRs' fathers was 48.7 years, and the mothers' 43.8 years. Most of the fathers (65%) and the mothers (88%) were present in the home with the EMR.

Few of the fathers (10%) had professional, clerical, or sales positions. The majority (65%) had skilled, semiskilled, or unskilled jobs. Eight percent were unemployed at the time of the interview. To the EMRs, the great majority of the fathers (96%) appeared happy in their jobs.

Most of the mothers were unemployed housewives (62%). If the mothers were employed, they were likely to have service occupations (17%).

According to the EMRs' report, 89% of the employed mothers appeared happy with their work.

Few of the interviewed adults had completed high school. The average grades completed for the adult and his or her spouse were 9.6 and 8.1, respectively. Most interviewed adults were Protestant (69%).

The average number of people living in each family unit was 5.8; the length of time an EMR had lived in the present family unit was 17 years. The mean number of siblings for the EMRs in this study was four. Sixty-five percent of the EMRs were either the first or second child while only 4% were the only child in the family.

The families in the follow-up sample were not typical of the families in Los Angeles County. Average income was $5,560 compared to the county average of $7,046. However, 66% of the families received no welfare or other financial aid. Fifteen percent received funds from the Bureau of Public Assistance. Fifty-seven percent owned their homes. Most had at least one television set (98%) and at least one car (76%).

The EMR watched a great deal of television (24.9 hours a week) and preferred dramatic shows (44%). Sixty-three percent had at least one hobby which was apt to require a specific skill (72% of hobbies). Eighty percent engaged in their hobby alone. The great majority did not participate in a church group (81%) or other group activity (88%).

Sixty-nine percent of the EMRs reported they had had no trouble with the law; 75% of the interviewed adults reported no trouble with the law for the EMR.

The relationships between these variables and the level of Vocational Realism and Employment Success will be analyzed and discussed later in this chapter.

Postschool Employment Success

A main objective of Phase II was to determine the success of the Realistic, Unrealistic, and No Plan retardate in the world of work. The following sections present general employment data on the follow-up sample in terms of current job status, employment history, income, hours worked, and length of service on a particular job. In addition, the relationship between the Employment Success measures and other variables will be discussed.

Current Job Status. Of the 149 EMRs studied in Phase II, 38% were employed at the time of the interview, 38% were unemployed, and 24% were doing something in lieu of working. The 24% who were not working but had other responsibilities, included 8% in postschool training, 8% whose parents felt they were needed at home, 4% pregnant girls, and 4% in Youth Authority Camps.

Employment History. Approximately nine months elapsed since the EMRs had left school ($\bar{X}$=8.8; SD=2.6). An analysis of the interviewees in Phase II showed that 67% had had at least one job since leaving school, and one third had never worked (see Appendix K for a list of jobs held). If those who were doing something in lieu of working (24%) throughout the postschool period are subtracted from those who had never worked, then about 10% of the EMRs were never employed, had not obtained further training, or had not taken on a special responsibility at home.

As might be expected, a large sex difference was noted. Fifty-one percent of the female group had never been employed since leaving school, while only 21% of the males had never worked (X^2=14.28; 1 df; $p<.05$). Therefore, it would be expected that on nearly every measure of Employment Success the females would be less successful.

The females averaged 31.4 hours of work per month and the males averaged 60.4 hours per month since school; females earned an average of $32.92 per month while the males averaged $80.23 in monthly earnings. These averages are only suggestive since the individual variation was extremely great. For the females, the hours worked ranged from 0 to 152 hours per month, and the income ranged from none to $201.00 per month. Similarly, for the males, the hours ranged from 0 to 288 per month and the income from none to $456.00 per month. As can be noted for the male group, the individual variation was extreme.

Length of Service. Fifty-nine (40%) of the EMRs in Phase II sample had held at least one job two months or longer. There was no difference between the sexes on this measure (X^2= 1.326; 1 df; $p>.05$); 43% of the males and 34% of the females had continuous service on a job for two months or more. The same results were found when considering jobs held three months or more. Forty percent of the sample had held a job for at least three months, and there was no difference between the sexes (X^2=1.326; 1 df; $p>.05$).

Discussion

The employment history results indicated that the great majority of EMRs in the study had had some postschool work experience, training, or other identifiable activity. Most of those who had never worked were females. The special training programs for EMR females might be examined with these results in mind. That sexes did not differ in terms of length of service but differed on the other employment variables is not contradictory, since many short-term jobs would be equivalent in terms of hours and income to one long-term job.

Levels of Vocational Realism in High School and Postschool Employment Success

The major hypothesis of the postschool study was that EMR high school adolescents who had Realistic Vocational Plans would be more successful in postschool employment than EMRs who had Unrealistic or No Vocational Plans. The following sections examine the relationship among four measures of Employment Success and the level of Vocational Realism in high school.

Distribution of Levels of Vocational Realism in Phase II. Of the 149 EMRs studied in Phase II, 37% had Realistic Vocational Plans in high school, 26% had Unrealistic Plans, and 37% did not have a Vocational Plan. The corresponding percentages for the Phase I sample were 32%, 28%, and 40%. In addition, sex differences in the distribution of the levels of Realism were noted (X^2=7.99; 2 df; $p<.05$). The differences were largely accounted for by the fact that fewer females were Realistic and more males were Realistic. Also, more females did not have a Vocational Plan. (See Table 19.)

Table 19

Levels of Vocational Realism in High School
by Sex: Phase II

Sex	Level of Vocational Realism			
	Realistic	Unrealistic	No Plan	Total
Male	41 (46%)	21 (23%)	28 (31%)	90 (100%)
Female	14 (24%)	17 (29%)	28 (47%)	59 (100%)
Total	55	38	56	149

Because of the sex differences and because society does not stress employment for females, the relationships between the levels of Realism and the Employment Success measures (ever had a job, hours worked per month, income per month, and length of service on a particular job) will be considered separately for males and females.

The Level of Realism and Employment Success of Males. The relationships between the levels of Vocational Realism and four measures of Employment Success for males are presented in Table 20 (p. 63). For two of the Success measures, a chi-square test was used to test the significance of the observed percentage differences. For the other two measures of Employment Success, analysis of variance and an F test were used.

Two measures of Employment Success were significantly related to the level of Vocational Realism in high school--income per month and whether or not the male EMR had ever had a job since high school. The Unrealistic male earned more per month than the Realistic or No Plan male. Yet, the Unrealistic male was the least likely to have had a job since high school. The No Plan male was most likely to have had at least one job since school.

Discussion

The hypothesis that the Realistic male would be more successful in terms of employment was not confirmed. On all four measures of Employment Success the Realistic male maintained a middle position.

Table 20

The Level of Vocational Realism in High School and Four Measures of Postschool Employment Success for EMR Males

Measure of Success	Level of Vocational Realism				Significance Test	
	Realistic	Unrealistic	No Plan	Total	Test	p
Ever Worked						
Number	33	13	25	71		
Percent	80%	60%	89%	79%	X^2=6.06	$<.05$
Income/Month, if employed	$107.00	$162.23	$ 63.24	$106.27	F = 4.49	$<.05$
Hours/Month, if employed	80.7	96.3	61.1	78.2	F = 1.21	$>.05$
Employed 2 Mos. or more on 1 job						
Number	20	10	12	42		
Percent	49%	49%	43%	47%	X^2= .33	$>.05$
Total Number	41	21	28	90		
Percent	46%	23%	31%	100%		

The fact that the Unrealistic male earned more but was least likely to have held a job is not necessarily contradictory. Having a job does not indicate length of service or income. The Unrealistic male was more likely to go on for posthigh-school training ($r=.24$; $p<.05$), and this factor could have interfered with securing employment; in the long run, however, additional training might have enabled the Unrealistic male to secure a better paying job when he was able to work, a possibility which becomes more tenable as the level of Realism was not related to hours worked per month.

The Level of Realism and Employment Success of Females. Table 21 presents the relationships among four measures of Employment Success and the levels of Vocational Realism of females. As will be observed, no measure of Employment Success analyzed was significantly related to the level of Realism of females.

Discussion

The hypothesis that a Realistic Female would be more successful in terms of employment was not confirmed. In fact, for females no level of Realism made a difference in Employment Success. It appeared that the females were generally unsuccessful at employment; there was little room for difference among the three levels of Realism.

Table 21

The Level of Vocational Realism in High School and Four Measures of Postschool Employment Success for EMR Females

Measure of Success	Level of Vocational Realism				Significance Test	
	Realistic	Unrealistic	No Plan	Total	Test	p
Ever Worked						
Number	7	8	14	28		
Percent	50%	47%	46%	47%	$X^2=0.0$	$>.05$
Income/Month, if employed	\$ 65.71	\$ 58.75	\$ 77.84	\$ 69.46	$F = .25$	$>.05$
Hours/Month, if employed	67.0	50.9	74.4	65.9	$F = .78$	$>.05$
Employed 2 Mos. or more on 1 job						
Number	6	4	12	22		
Percent	43%	24%	43%	37%	$X^2=1.98$	$>.05$
Total Number	14	17	28	59		
Percent	24%	29%	47%	100%		

Levels of Realism and Job Seeking. It might be thought that each of the relationships between Realism and Employment Success could be due to the fact that the EMRs had not really sought employment so soon after leaving high school. This was not true, as 93% of the males and 74% of the females had looked for jobs on their own. For males, there was no significant relationship between the level of Realism and whether they had ever looked for a job on their own ($X^2=1.18$; 2 df; $p>.05$). A similar result was obtained for the females ($X^2=3.36$; 2 df; $p>.05$).

There was also no relationship between the level of Realism and the number of jobs sought for males ($X^2=6.27$; 10 df; $p>.05$) or for females ($X^2=11.39$; 8 df; $p>.05$).

The Stability of the Levels of Vocational Realism

In an attempt to measure the stability of the level of Vocational Realism, the question was asked in the Phase II interview: "When you were in high school, what job did you think you would get when you got out?" Since the same EMRs were interviewed in Phase I and Phase II, a comparison of responses would indicate any change over a nine-month period.

Since previous results showed a marked difference in the distribution of the levels of Realism for males and females, an analysis on the stability of the level of Vocational Realism was done for each sex. Tables 22 and 23 show the comparison of the levels of Vocational Realism in Phase I and Phase II for males and females, respectively.

Table 22

Comparison of the Levels of Vocational Realism of Individual Males in Phase I and Phase II

High-School	N	Posthigh-School		
		Realistic	Unrealistic	No Plan
Realistic	42	17	10	15
Unrealistic	21	7	10	4
No Plan	27	5	4	18
	990	29	24	37

Table 23

Comparison of the Levels of Vocational Realism of Individual Females in Phase I and Phase II

High-School	N	Posthigh-School		
		Realistic	Unrealistic	No Plan
Realistic	14	3	7	4
Unrealistic	17	3	10	4
No Plan	28	5	10	13
	59	11	27	21

The analyses showed that males were consistent in the level of Realism for the two periods investigated (X^2=15.25; 4 df; $p<.05$), while the females showed no consistency (X^2=3.20; 4 df; $p>.05$). Among males, those who were Unrealistic in high school were apt to become Realistic in postschool if they changed. The Realistic male in high school, if he was not consistent in postschool, was just as likely to become Unrealistic as to have No Plan. The females, regardless of high school Plan, were about as likely to give the same Plan as they were to change.

Discussion

The analyses of the stability of the level of Vocational Realism indicated that males were likely to maintain the same level of Plan over the time period studied; the female group showed little or no stability in the level of Realism. Since it was previously noted that the males might have been motivated by the level of Realism, the result might be expected. It was noted that of the males, the Realistic EMR was most likely to change his level of response. Perhaps the underlying reason was that some of the EMRs were able to verbalize the culturally accepted response when, in fact, their choice did not act as a motivator. Therefore, the stability measure might be a method of differentiating male EMRs into those whose responses indicated basic motivation and those whose responses were only verbalizations.

Stability of Vocational Aspiration

The same question, "What job would you like to have if you could choose any job in the world?," was asked in both interviews. A consistency was found in the level of the Aspirations for the total group ($X^2=50.47$; 9 df; $p<.05$). The EMRs who chose professional, skilled, clerical, or sales jobs in Phase I were likely to give a similar response in the Phase II interview. The same pattern of consistency applied to choices in the other occupational areas as well.

Discussion

Possibly the Aspiration was more stable than the Vocational Plan because the wish might be maintained while the Plan must be evaluated in terms of the current situation and the alternatives that are available. Less consistency in Plan might have been expected because the Phase I interview was in school, and some of the EMRs might have made the culturally acceptable Realistic response. Since the Phase II interview was in the EMR's home setting, they might have felt fewer pressures to give an accepted response.

Employment Success and Other Variables

Graduation Status and Employment Success. In Table 24 the 149 EMRs in the Phase II sample were divided according to sex, level of Vocational Realism, and graduation status. Because the sample sizes for each classification are relatively small, individual differences probably are somewhat magnified. Nevertheless, it is possible to discuss the complex relationships which exist.

Table 24 was compiled by taking the average of the income for every individual in each category (Realism by Graduation Status). It was felt that use of this average would be more representative than taking the total gross income per category and then calculating the average because of the wide range of earnings per hour.

Certain individuals in the Phase II sample did extremely well in terms of income, while others did poorly. It might be expected that graduation status would be influential in terms of earning power.

Table 24

Levels of Vocational Realism, Graduation Status, and Employment Success Measures (N=148)

Subjects by Levels of Vocational Realism	Number	Ave. Income per Hour	Ave. Hours per Month	Ave. Income per Month	Number Who Never Worked	Number with Post-school Training
Females						
Realistic	14	.46*	33	15.18	7 (50%)	2 (14%)
graduation - diploma	7	.44	47	20.68	3	
graduation - certificate	3	.92	40	36.80	1	
dropout	4	.16	6	00.96	3	
Unrealistic	17	.53	25	13.25	9 (53%)	9 (53%)
graduation - diploma	11	.49	22	10.78	6	
graduation - certificate	4	.64	45	28.80	2	
dropout	2	.50	1	00.50	1	
No Vocational Plan	28	.43	35	15.05	15 (54%)	7 (25%)
graduation - diploma	7	.51	50	25.50	4	
graduation - certificate	12	.43	25	10.75	6	
dropout	9	.33	35	11.55	5	
Totals:						
Graduation - Diploma	25	.49	36	17.64	13 (52%)	
Graduation - Certificate	19	.55	31	17.05	9	
Dropout	15	.30	23	6.90	9	

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* Average obtained over total Realism level

Table 24 (concluded)

Subjects by Level of Vocational Realism	Number	Ave. Income per Hour	Ave. Hours per Month	Ave. Income per Month	Number Who Never Worked	Number with Post-school Training
Males						
Realistic	41	1.08	67	72.36	8 (20%)	10 (24%)
graduation - diploma	20	1.48	82	121.36	0	
graduation - certificate	9	.78	50	39.00	2	
dropout	12	.75	48	36.00	6	
Unrealistic	20	.96	61	58.56	8 (40%)	10 (50%)
graduation - diploma**	10	1.35	103	139.05	2	
graduation - certificate	7	.64	16	10.24	4	
dropout	3	.41	28	11.48	2	
No Vocational Plan	28	.93	54	50.22	3 (11%)	7 (25%)
graduation - diploma	10	1.00	37	37.00	1	
graduation - certificate	10	.84	42	35.25	1	
dropout	8	.97	92	89.24	1	
Totals:						
Graduation - Diploma	40	1.33	76	101.08	3 (7%)	
Graduation - Certificate	26	.77	38	29.26	7 (27%)	
Dropout	23	.71	60	42.60	9 (39%)	

** One EMR who earned $3.43/hour was excluded as not being typical.

As can be noted in Table 24, the male graduates with diplomas earned more, on the average, than either the dropout or the male who received a certificate of attendance. EMR males with diplomas averaged $101.08 per month; those with certificates earned $29.26 per month, and dropouts averaged $42.60. Graduation status was also related to having at least one job since school ($X^2=9.29$; 2 df; $p<.05$). The dropout was clearly less successful on this measure. Ninety-three percent of the graduates with diplomas, 73% of the graduates with certificates, and 61% of the dropouts had had at least one job since high school.

The same relationships did not occur for the females. The females who graduated with a diploma earned only slightly more per month ($17.64) than those with certificates ($17.05). The dropout group earned the least ($6.90).

Discussion

For males, graduation with a diploma is clearly concomitant with greater income per month since leaving school and with having had at least one job. The large difference between male graduates who had diplomas and those who had certificates may result from district and socioeconomic factors. The largest school district represented in the sample gave certificates of attendance to those who completed the special education program. The results suggest a strong geographic effect which was not investigated within the scope of this study.

Contrary to what might be expected, the male dropouts also earned more than those with certificates. It might be speculated--and it was noted, although not systematically documented--that some of the EMRs who were to receive certificates felt uncertain about the value of graduation. In three cases the EMR specifically stated he dropped out because he would not get a diploma upon graduation. (See Appendix II for summary of reasons for dropping out of school.)

Graduation status was not indicative of Employment Success among females. This result is not surprising in light of several facts. (1) As a group, females earned very little. The general lack of income left little room for difference between the classifications of graduation status. (2) Many girls who graduated with a diploma attempted postschool training; this could interfere with immediate earning potential. (3) One third (5/15) of the girls who dropped out did so because of pregnancy. Therefore, the immediate earning potential of this group was also curtailed.

Graduation Status, the Level of Realism, and Earning Power. The relationship between graduation status and earning power becomes more complex when it is considered in terms of the level of Realism in high school.

Table 25 ranks males in terms of earnings by the level of Realism and graduation status.

Table 25

Male Earning Power by Graduation Status and Realism Level

Realism Level	Graduation Status	Income per Month
Unrealistic	Diploma	$ 139.05
Realistic	Diploma	121.36
No Plan	Dropout	89.24
Realistic	Certificate	39.00
No Plan	Diploma	37.00
Realistic	Dropout	36.00
No Plan	Certificate	35.25
Unrealistic	Dropout	11.48
Unrealistic	Certificate	10.24

Discussion

There are clear lines of demarcation in earnings between the male groups, but the ranking is difficult to explain. On face validity it might be expected that the Realistic EMR who graduated with a diploma would have the highest income per month. The finding that the Unrealistic male with a diploma earned the most is consistent with the results of this study which showed (1) those with a diploma earned more, (2) those who were Unrealistic earned more. Also contrary to what might be expected, the male dropout with No Plan had the third highest income instead of one of the lowest.

Although the groups were small (see Table 24), of the males who dropped out, those with No Vocational Plan were more likely to have had at least one job since school. Of those who were Realistic and dropped out, 6 of 12 (50%) had never worked since school. All of those males who were Realistic and graduated with diplomas (20) had had at least one job. For most of the other categories, about one in ten male EMRs had never worked since high school.

The fact that the Unrealistic group of males is clearly separated in terms of earning power by graduation indicated that Unrealism may act in different ways. The Unrealistic male EMRs who dropped out of school might be less highly motivated than those who graduated; hence, they earned less. Those who were Unrealistic and graduated with a certificate were predominantly from minority groups who lived in areas of limited employment opportunity; this socioeconomic factor probably accounts for the low income per month of the group. Table 24 shows that there was little difference in income per month among all nine graduation classifications and Realism levels for females.

Number of Jobs Sought and Employment Success. It might be expected that the more jobs a person looked for the more apt he would be to find employment. The average number of jobs looked for by males was 2.6

(SD=1.5); females looked for an average of 1.6 jobs (SD=1.4). The correlations between the number of jobs sought and whether or not the EMR had ever worked ($r=.48$; $p<.05$ for males and $r=.55$; $p<.05$ for females) indicated that the more jobs the EMR looked for the more likely he was to have had at least one job since high school.

For females, the number of jobs sought was also related to hours worked per month ($r=.29$; $p<.05$) and to the number of jobs held two months or longer ($r=.31$; $p<.05$).

Discussion

The results indicate that females look for fewer jobs than males. It is apparent that for females the number of jobs sought is clearly related to success in the world of work; the more jobs sought the more likely a female was to have had a job, worked more hours, and worked continuously on the job two months or more.

The relationship between the number of jobs sought and Employment Success among males is not as clear. Although a greater number of attempts at securing a job was likely to lead to employment, no relationship was found between the number of jobs sought and other measures of Employment Success. Perhaps those females who look for more jobs are more employable and therefore more successful in a work situation than those females who are less persistent. The males who try for more jobs and secure employment may find work of a short-term or part-time nature.

Level of Job Sought and Employment Success. For females, the relationship between Employment Success and the level of job sought is clear cut. If females indicated they were looking for a job which could be classified as Realistic, they were more likely to have had at least one job ($r=.33$; $p<.05$), worked more hours ($r=.29$; $p<.05$), and have had three months or more of continuous service on one job ($r=.24$; $p<.05$). There was no relationship between Employment Success and type of job sought among females who indicated they were looking for Unrealistic jobs, looking for "anything," or did not know what kind of employment they were seeking. There was no relationship between the level of job sought and any Employment Success measure for males.

Discussion

These results further emphasize the importance of job seeking behavior in the Employment Success of females as a group and indicate the training in job seeking skills might well be included in high school work experience programs.

Employment Success and the Number of Times in a High School Work Experience Program. An important consideration of Phase II was whether or not the WEP in high school influenced Employment Success among the post-school EMRs studied. Males were in a WEP ($\bar{X}=.5$ times, SD=.8) more times than females ($\bar{X}=.3$, SD=.5), so it would be expected that the influence of WEP, if any, would be more evident among males. The more times a male was in WEP the more likely he would be to have earned more ($r=.28$; $p<.05$) and to have stayed on one job for at least three months ($r=.21$; $p<.05$). For females, there was no relationship between the Employment Success measures and the number of times in WEP.

Discussion

It would appear that the WEP was helpful to the male in terms of Employment Success as those who were in the program more times earned more and worked longer on a job. Despite the lack of significant relationships between Employment Success measures and the number of times in WEP for females, it should not be concluded that work experience is unimportant for them. Very few females had participated in the WEP that were available, and lack of numbers rather than the value of the program itself might have accounted for the results.

Work Experience and Postschool Job Seeking. Another reason for the lack of influence of the WEP on the Employment Success of females might have been the failure of such programs to emphasize and improve job seeking ability. The importance of job seeking behavior for females has been pointed to previously. There was no significant relationship between the number of jobs sought and the number of times on work experience for females. Also, the more times a female was in WEP the less likely she was to look for a Realistic job ($r=.28$; $p<.05$). For males, there was no relationship between number and types of job sought and the number of times on WEP.

Discussion

The number of times on WEP was not important in terms of female Employment Success and this can be understood better when the program's effect on job seeking behavior is examined. Females who looked for several Realistic jobs were more successful in the workaday world. These behaviors were not fostered by the work experience programs. It is interesting to note that the girl who was in the WEP more times was less likely to look for Realistic employment; this may result from the emphasis of particular campus programs. When considering these results, the small number of females in the WEP must be kept in mind.

The fact that the male job seeking behavior was not influenced by WEP is not inconsistent with previous results.

Summary of Results: The Posthigh-School EMR

The Sample. The 149 EMRs studied in Phase II had either dropped out or graduated from high school since the Phase I interview. Sixty percent were male and 40% were female; the average IQ was 66.7. About 41% were Negro; 37% were Caucasian, 20% were Mexican, and 2% were classified as Other. The EMRs' families were not typical of the families in Los Angeles County--income in the families studied averaged over $1,000 per year less than the county average, and there were more people per family unit. The majority of the fathers were in skilled, semiskilled, or unskilled occupations, and few of them had completed high school.

Employment History. At the time of the interview, 38% of the EMRs were employed, 38% were unemployed, and 24% were not working but had other, full-time responsibilities. Sixty-seven percent of the EMRs had had at least one job since high school. There was a large sex difference on the employment variables. Males were much more likely to have had a job (79%) than females (49%). Even if employed, females worked less than half as many hours per month and earned only $32.00 per month compared to the male average of $80.00 a month.

Level of Realism and Employment Success. Of the EMRs in Phase II, 37% had Realistic Vocational Plans in high school, 26% had Unrealistic Plans, and 37% did not have a Plan. There was a sex difference in the distribution of the levels of Realism as more females had No Plan and fewer were Realistic.

The hypothesis that the Realistic male or female would be the most successful in terms of employment was not confirmed. The level of Realism made no difference in the Employment Success of females. Among males, those with No Plan were most likely to have had a job since high school, and those who were Unrealistic were least likely to have worked. Of the males who had worked since school, those who had Unrealistic Plans in high school earned the most per month; those with No Plan earned the least.

The Stability of Vocational Realism. For males, the level of responses to the questions which elicited a Vocational Plan were consistent between Phase I and Phase II. Females showed no stability in the level of Realism. A consistency in the level of Aspirations of the total group was also noted.

Employment Success and Other Variables. EMR males who graduated with diplomas earned the most per month and were most likely to have had a job. There was no relationship between graduation status and Employment Success for the females. For males, when considering graduation status in combination with the level of Realism, the Unrealistic EMR with a diploma earned most, the Realistic with a diploma was second. The Unrealistic dropout and the Unrealistic with a certificate where in the lowest income brackets.

Males looked for more jobs than females; the number of jobs sought was related to whether a male or female had had a job since school. For females, the number of jobs sought was also related to hours worked per month and to the number of jobs held two months or longer. Among females, the level of job sought was also important. Females who looked for Realistic jobs were likely to have worked, worked more hours, and have had three months' or longer continuous service on one job.

Males participated in WEP more times than females. The more times a male was in WEP, the more he earned and the more likely he was to have had three months' continuous service on one job. There was no relationship between WEP and Employment Success among females.

CHAPTER VI

CHARACTERISTICS OF THE POSTHIGH-SCHOOL EMR

A major objective of the research was to describe the posthigh-school EMR. The description is divided into three sections: The EMRs by the level of Realism, the EMR and Employment Success, and the EMR and the work experience programs.

Descriptive Analysis of EMRs at the Vocational Realism Levels

The purpose of this section is to inquire into those variables which seem to distinguish the Realistic EMR from the Unrealistic or No Plan EMR. Clearly, EMRs in each of the levels have much in common with each other, but the emphasis here is on the differences between them. A large number of variables were correlated with the dichotomy Realistic v. Unrealistic; the same variables were correlated with the dichotomy Realistic v. No Plan. Since marked sex differences have been noted throughout the research, correlations were computed sparately for males and females. A complete list of the variables analyzed is found in Appendix I.

Table 26 presents a selected group of the correlations. It is difficult to interpret large numbers of correlations properly because it is likely that many will appear to be statistically significant when, in fact, they are not. Individual tests of significance lose much of their meaning when applied in large numbers. The Realistic v. Unrealistic and Realistic v. No Plan females consisted of 42 and 31 EMRs, respectively; correlations of at least .304 and .349 would be required to reach the 5% level of significance. Using these figures as a guide, it was decided to report all correlations which were .30 or higher. For the two male groups, the sample sizes were 62 and 69 so that correlations of .250 and .232 would be required to reach the 5% significance level. Table 26 reports all male correlations that were .20 or higher.

In Table 26, a positive correlation means that the variable was more often characteristic of the Realistic EMR. In addition to the correlations, Table 26 presents the number of EMRs in the sample having the characteristic in question. The reason for presenting this "N" is that, even though the correlation might be high, little importance would be attached to it if the characteristic represented a very few EMRs.

Certainly, the most remarkable thing about Table 26 is the relatively few variables out of all those shown in Appendix I that were related to a level of Vocational Realism. Despite the rather modest criteria used for inclusion, very few variables help distinguish the Realistic from the Unrealistic or No Plan EMR. In addition, the correlations themselves were

Table 26

Variables Related to Vocational Realism

Variable	42 Females Realistic v. Unrealistic		31 Females Realistic v. No Plan		62 Males Realistic v. Unrealistic		69 Males Realistic v. No Plan	
	r	N	r	N	r	N	r	N
Father								
Occupation								
Prof. or skilled	-.34	7	-.36	13				
Service			.39	3				
Not at home					.20	11	-.24	14
Mother								
Head of household	.31	5						
Head of household								
Age	.31	30						
Occupation								
Unemployed							-.35	15
Happy with job	-.28	22			.25	50	.35	52
Interviewed adult								
Married							.22	48
Income per year								
$2,000-$4,000							-.32	22
$6,000-$8,000	-.35	4					.29	18
$8,000-$10,000	.31	5						
No other income							.24	44
Welfare aid							-.38	9
Family								
Owns home	-.35	17	-.31	24				
No. of rooms	-.42	31	-.32	42				
No. of cars owned							.24	69
EMR has own car					-.30	13		
Other help raise					.26	12		
Active in church	-.30	14						
Talk to EMR re job								
Yes			.31	18				
No			-.37	23				
EMR								
Negro	-.35	10			-.20	24	-.32	31
Caucasian							.23	21
IQ							.23	69
Age at interview					-.22	62		
Trouble with law							-.21	33
Hrs. watch TV/day	-.39	31	-.40	42				
Hrs. watch TV/week			-.35	42				

Table 26 (continued)

Variable	42 Females Realistic v. Unrealistic		31 Females Realistic v. No Plan		62 Males Realistic v. Unrealistic		69 Males Realistic v. No Plan	
	r	N	r	N	r	N	r	N
EMR (continued)								
Never watch TV			.32	2				
Favorite TV-music							.22	12
Active in church	-.35	10			-.33	8	-.25	8
Active other group					-.29	9		
High School Experience								
a) Parent admission								
Program helpful							.21	43
Prog. not helpful	.31	5						
EMR in reg. class	-.40	5	-.34	8	.28	8		
EMR in sp. tr.	.40	26	.34	34	-.28	54		
EMR prev. sp. tr.	-.35	4						
b) EMR								
District C	.36	3						
District F			-.37	20				
Grade completed					-.22	62		
Few friends dropout	-.35	4						
Many friends "			.39	3				
Job Seeking								
2nd job in school salary							-.21	69
No. jobs tried to get					.25	62		
Agency helped get job	.48	5						
Job Attitude								
Don't mind not wkg.							-.24	12
Don't want a job							-.29	11
Postschool Training								
None	.40	20			.24	42		
Yes	-.39	8						
Junior College					-.37	4		
Adult/Continuation	-.40	5						
Courses helped get job	-.44	9						
Wish more courses	-.40	5						
No add. training	-.44	6			-.29	18		
Who suggested go								
Own decision	-.49	7			-.44	8		
1st Postschool Job								
None					-.20	16		
Service							-.22	21
Learned on job					.22	27		
Learned from home					-.32	3	-.30	4

Table 26 (concluded)

Variable	42 Females Realistic v. Unrealistic		31 Females Realistic v. No Plan		62 Males Realistic v. Unrealistic		69 Males Realistic v. No Plan	
	r	N	r	N	r	N	r	N
1st Postschool Job								
Duration								
Less than 10 emp.			.32	2				
Over 100 emp.	.31	5						
Less than 100 emp.	-.44	6	-.26	5			-.27	6
Pub. trans. to job.			.39	3				
2nd Postschool Job								
Learned on job					.31	18	.23	21
Pub. trans. to job					.26	7		
Not lkg for another					-.29	5		
Not current job					.35	20		
3rd Postschool Job								
Never absent					.26	7		
Total Postschool Income							.21	69
Ever Worked Since School					.20	46		
Plans 1 Yr. from Now								
Don't know	.31	5						
Same as now							.22	12
Postschool Aspiration								
Prof. or skilled							-.21	33
School Helped Get Driver's License							.20	11

uniformly low. The following descriptions are based on characteristics that did distinguish the Realistic from the Unrealistic or No Plan EMR.

The Realistic Male. The Realistic male appeared to be from a family with the following characteristics: the father was more likely to be in the home, employed, and happy with his job; he earned from about $6,000 to $8,000 per year. The family was more likely to own more cars than those of the Unrealistic or No Plan male. The family was less likely to be receiving moneys from welfare sources.

The Realistic male was less likely to be Negro, and he had a slightly higher IQ than the other males. His parent was more likely to say the son was in regular classes rather than in special training. As might be expected from the relationship between Aspiration, Vocational Plan, and the level of Educational Realism, the Realistic male was less likely to attend junior college or obtain other postschool training than the Unrealistic male.

The Unrealistic Male. The Unrealistic male was oriented toward education, and this orientation was curious. On the one hand, the parental figure was more apt to admit, during the interview, that the EMR had been in special training and, on the other hand, the EMR was apt to go on for postschool training. The Unrealistic male more often attended junior college (see Appendix II). Perhaps this apparent contradiction might be resolved by noting that the Unrealistic male who went on for posthigh-school training did so because of personal preference. These EMRs were also likely to go farther in high school.

The Unrealistic male was apt to have tried for fewer jobs, was less likely to have had a job since school, and yet was more successful than the Realistic male in terms of income. Because of postschool training, these EMRs were less likely to have learned their job at work.

Socially, the Unrealistic male appeared to be different from the Realistic or No Plan male. He belonged to a church or other type of group and was more apt to own a car.

The Male with No Vocational Plan. The males without a Vocational Plan were more apt to come from a home where the father was not present. The major source of income was likely to be welfare and ranged from $2,000 to $4,000 annually. The head of the household was apt to be unemployed. The No Plan male tended to be Negro.

The male with No Plan was more apt to have been in trouble with the law. He was also likely to be in a church group. The Aspirations of the No Plan males were largely toward professional or skilled occupations. (Unrealistic). They were apt not to mind being out of work. When they were employed, they tended to have service occupations.

Discussion

There were some clear distinctions between the Realistic, Unrealistic, and No Plan male EMRs which were especially prominent when socioeconomic characteristics were considered. The Realistic and No Plan male appeared to be influenced by socioeconomic factors. The Realistic male EMR was from a middle income family. On the other hand, the No Plan male was from a family in the lower socioeconomic levels. With few opportunities for employment and education, less parental and school guidance, compounded by the precariousness of low income, the formulation of future goals may be less important than immediate problems to No Plan EMRs in deprived areas.

The Unrealistic male did not appear to be influenced by socioeconomic factors when compared to the males at the other two Realism levels. The Unrealistic male was more directed to educational goals and enrolled in postschool training.

In terms of Employment Success, the Unrealistic male was as successful, if not a little more so, than the Realistic male. Possibly over a longer period of time, the difference in favor of the Unrealistic male would be magnified because of the additional training these subjects obtained. (See Appendix L for case studies of male EMRs.)

The Realistic Female. The Realistic female presents a slightly different picture than the Realistic male EMR. Generally, it appeared that the Realistic female was from a slightly lower socioeconomic level than the Realistic male, and the female was more apt to be influenced by factors outside of the family.

The families of Realistic girls did not own their homes and had fewer rooms per house. The Realistic girl was more likely to be Caucasian, live in a district which was predominantly Caucasian, and less apt to be Negro. The parent of the Realistic female was more likely to acknowledge that the daughter had been in special training.

In job seeking, the Realistic girl turned to agency assistance. When she worked, it was in the larger companies with over 100 employees, and she was more apt to take public transportation to her place of employment.

The Realistic female was least likely to watch television as an activity.

The Unrealistic Female. The Unrealistic female appeared to be similar to the Unrealistic male in terms of Educational Plans. However, unlike the males, the Unrealistic females tended to come from middle income families. Unlike the No Plan girls, the Unrealistic female was under more parental influence.

The relatively high socioeconomic level of the Unrealistic female was evidenced by the families' tending to own and have more rooms in their homes. However, these families were not likely to live in areas of highest socioeconomic level. It could be surmised that the families of the Unrealistic girls lived in better areas of middle income neighborhoods.

Like the Unrealistic male, the female was apt to go on for post-school training. These females were apt to attend adult or continuation school. They appeared to want training in addition to that already obtained. The Unrealistic female received training beyond the high school level because of personal preference.

The family tended to belong to a church group, and the daughter was a member of the group.

The Female with No Vocational Plan. Like the Unrealistic male EMR, the No Plan female did not appear to be greatly influenced by a particular socioeconomic level. The females without a Plan were the largest group in terms of the level of Vocational Realism, and it might be expected that cross-cultural and socioeconomic levels were present.

The fathers of the No Plan females were employed at professional, skilled, or semiskilled occupations. The families of these girls were apt to live in the large metropolitan area of the county.

If the No Plan female was employed, she tended to work in a smaller company of less than 100 employees. The families of the No Plan girls did not appear to have talked with them regarding employment.

The girls with No Plan watched television more than the Realistic or Unrealistic females. When interviewed, the parental figure tended to deny that the EMR was in special training.

Discussion

In general, the picture of the female EMR in terms of the level of Vocational Realism was not as clear as the description of the male. This drop in clarity might result from the apparent lack of vocational orientation among females studied and the large number of females who had No Vocational Plan.

Generally, regardless of the level of Vocational Realism, there appeared little difference in Employment Success. The one marked difference between the levels was in postschool training. The Unrealistic female was more likely to obtain training after high school. (See Appendix L for case studies of female EMRs.)

Descriptive Analysis of EMRs by Employment Success Measures

The purpose of this section is to inquire into the variables which seem related to the posthigh-school Employment Success of the EMRs studied.

The Relationship Between the Employment Success Measures. Phase II utilized several measures of Employment Success, among them hours worked per month since high school, income per month since high school, number of jobs held continuously two months or more, and whether the EMR had ever held a job since high school. The four measures were analyzed by sex to determine the extent of their relationship to one another. Table 27 gives the correlations between the Employment Success measures.

Table 27

Correlations of Employment Success Measures

	Employment Success Measures		
	Hrs./Mo.	Income/Mo.	No. Jobs 2 Months
Males (N=90)			
Income/Month	.91		
No. Jobs Held 2 Months	.65	.65	
Ever Worked	.45	.42	.46
Females (N=59)			
Income/Month	.94		
No. Jobs Held 2 Months	.79	.71	
Ever Worked	.70	.63	.73

As can be noted from Table 27, the relationships between the measures were high. (Correlations for females were generally higher because 51% of them had never worked since high school.) In general, any one measure would give a good approximation of the other three.

Tables 28 and 29 present a selected group of product-moment correlations between EMR characteristics and the Employment Success measures for 90 males and 59 females, respectively. For males (Table 28), the criteria for inclusions were: the correlation was .20 or higher, at the 5% level of significance, and the number of males displaying the characteristic was 10 or more. For females (Table 29), the criteria for inclusion were: the correlation was .25 or higher, at the 5% level of significance, and 10 or more females possessed the characteristic in question. For convenience, correlations with another variable, times in the work experience program (WEP), are also presented in the tables, but will be discussed in a subsequent section.

In addition to the single, product-moment correlation analysis, an analysis of the important combination of factors for one of the Employment Success measures, hours worked per month, was done using the discriminant analysis described in the Methodology and in Chapter IV. The results obtained did not add to the data based on the single correlations, and for the sake of brevity, are not included. The descriptive analyses which follow are based on the single correlations in Tables 28 and 29.

The Male and Employment Success. The vocationally successful male EMR tended to come from a family in a higher socioeconomic level than the less successful male as indicated by yearly income. The father of the successful male was more likely to be in a professional or skilled occupation rather than in agriculture or an unskilled occupation and tended to own more cars. The successful male was more apt to be Caucasian, somewhat older, and was likely not to talk to his family about working.

The parent of the vocationally successful male tended to admit the son was in special training rather than in regular classes. The EMR was more likely to live in the district which had a school with a particularly effective WEP. The successful male was more likely to have obtained a diploma, completed more grades, and was less likely to have dropped out of high school. The school was likely to have helped the successful male secure his first job and a driver's license.

The more successful male tended to have worked longer, be in a service occupation, drive to work, not be in a union, and be in a company of less than 100 but more than 10 employees. He minded being unemployed when he was not working, and he was less likely to learn his job at work.

The Female and Employment Success. The successfully employed female did not seem to come from a higher socioeconomic level as was the case for the successful male. The only indication of higher income was the more frequent reporting of no income from governmental sources. The successful female's family had fewer television sets.

Table 28

Male EMR Characteristics and Employment Success

Variable	N	Ever Worked	Total Hrs/Mo	Total Inc/Mo	No. Jobs 2 Months	Times on WEP
Father						
Occupation						
Prof. or skilled	20	.28				
Agric. or unskilled	19	-.20				
Deceased	10		.28			
Age	90		-.20			
Head of Household						
Occupation						
Prof. or skilled	22	.29				
Interviewed Adult						
Education	90				.25	
Income per Year						
$2,000-$4,000	25			-.20		
$4,000-$6,000	18		.20	.21		.27
Family						
No. of cars	90	.24				
Take newspapers	51				.23	
Talk to EMR re job						
Yes	52		-.28	-.24		
EMR						
Caucasian	28	.23	.22	.20		.22
Negro	42			-.23		-.28
Age at interview	90	.36				
IQ	90			.21		
Unemployment Compensation						
Never tried	68		-.51	-.54	-.37	-.35
Armed Services						
Do plan service	17			.22		
Driver's License	32		.31	.38	.32	
School helped get	16	.24	.36	.36	.34	
High School Experience						
a) Parent						
EMR in reg. class	13	-.25				
EMR in S.T. class	77	.25				
b) EMR						
District A	18					-.25
District B	12		.26	.37		.43
District F	29	-.23		-.29	-.26	

Table 28 (Continued)

Variable	N	Ever Worked	Total Hrs/Mo	Total Inc/Mo	No. Jobs 2 Months	Times on WEP
High School Experience						
b) EMR						
Dropout	23	-.26				
Diploma	41	.31		.32	.22	.20
Grade completed	90	.20				
Mo. since left sch.	90	.51		.22	.28	.23
EMR Employment in School						
First job in school						
None	26					-.36
On campus	16					.60
Occupation						
Service	34	.23			.21	.50
Semiskilled	6	-.23				
Weeks worked	90	.26		.21		
Salary	90					-.34
Credit from school						
No	40					-.45
Yes	24					.88
Secure thru school	25					.73
Second job in school						
None	50			-.22		-.49
On campus	8					.65
Occupation						
Service	17		.27	.29		.47
Weeks worked	90					.31
Salary	90		-.22	-.27		-.47
School credit	13	.21	.26	.31		.83
Secured through						
Friend	8		-.21	-.20		
School	14	.22	.23	.28		.71
Third job in school						
None	77		-.22	-.28		-.63
Occupation						
Service	6			.28		.62
Semiskilled	8		.20	.26		.60
Weeks worked	90		.18			.47
Salary	90		-.21	-.28	-.21	-.60
Credit from school						
No	9					.32
Yes	4		.21	.29		.62
Agric. or unskilled	5					.22
EMR Postschool Training						
Future training						
Want none	14			.23	.20	
Yes, wants it	48	-.21	-.20	-.23		

Table 28 (continued)

Variable	N	Ever Worked	Total Hrs/Mo	Total Inc/Mo	No. Jobs 2 Months	Times on WEP
Postschool Employment						
First job since school						
None	19	-1.00	-.45	-.42	-.46	
Occupation						
Service	26	.33			.23	.38
Hours worked	90	.69	.57	.50	.28	.21
Wages earned	90	.62	.53	.58	.25	.21
Duration	90	.43	.64	.62	.59	.28
Walked to job	13	.21				
Driven to job	34	.40			.21	
EMR drive to job	12	.20	.29	.39		
Not in union	69	.94	.43	.40	.46	
Less than 10 emp.	33	.39				.21
Less than 100 emp.	28	.35	.37	.31	.28	
Never absent	47	.54				
Yes, absent	18	.26	.33	.29	.20	.24
Not looking for job	14	.22	.22	.21		
Yes, looking for job	12	.20				
Not current job	45	.52				
Secured through						
Parent	10					
Other relative	11		.26	.34	.22	
Friend	22	.29				
School/Agency	11					.21
Learned job on job	43	.50	.25	.25	.27	
Second job since school						
None	52	-.44	-.22	-.25	-.37	
Service occupation	11				.27	.21
Hours worked	90	.38	.23	.25	.24	
Wages earned	90	.36	.24	.30	.28	
Duration	90	.25	.34	.41	.51	
Driven to job	17	.25				
Not in union	34	.40	.23	.25	.30	
Less than 10 emp.	13	.21				
Less than 100 emp.	18	.26				
Never absent	31	.38				
Not current job	30	.37			.24	
Learned job on job	23	.30			.28	
Third job since school						
Hours worked	90				.24	
Wages earned	90				.34	
Duration	90		.18	.19	.39	
Not in union	10					-.20
Job Seeking Activities						
Mind not being employed	62	-.23	-.34	-.40	-.35	
Don't want a job	14		-.20			
Who helped look? (1st)						
Parent	15	-.21				
School	14		.29	.35		.29

Table 28 (concluded)

Variable	N	Ever Worked	Total Hrs/Mo	Total Inc/Mo	No. Jobs 2 Months	Times on WEP
Job Seeking Activities (cont.)						
Who helped look? (2nd)						
Parent	10				.21	
Number of jobs tried	90	.48				
Current Job Status						
Employed, not looking	24	.31	.29	.27	.35	
Employed, looking	16	.24		.24		
Unemployed, looking	23				-.32	
Unemployed, not looking	14	-.23	-.29	-.27	-.22	
One Year from Now						
Working	42	-.28	-.25	-.30	-.26	-.20
Same as now	17	.25	.33	.45	.27	.33
Job Aspiration						
Don't know	10					.28
Prof. or skilled	44		-.29	-.22		
Voc. Plan as Remembered						
Prof. or skilled	20					-.20
Actual Voc. Plan--Phase I						
Service job	17					.22
Stability of Realism						
Both Realistic	17		.23	.21		
Realistic to DK	13				.24	
Employment Success						
Total hrs./Month	90	.45				
Total Inc./Month	90	.42	.91			
No. of Jobs 2 months	90	.46	.65	.65		
No. of Jobs 3 months	90	.39	.66	.67	.91	
No. of times on WEP	90		.20	.28		

Table 29

Female Characteristics and Employment Success

Variable	N	Ever Worked	Total Hrs/Mo	Total Inc/Mo	No. Jobs 2 Months	Times on WEP
Father						
Occupation						
Agric. or unskilled	12					-.28
Family						
No. of television sets	59	-.34				
No outside income	40		.26		.25	
EMR						
Caucasian	26					.29
No. of sisters	59					.31
Watch dramatic TV shows	29	.32				
Has no hobbies	21					-.27
Yes, has a hobby	38					.27
No developmental problem	23					
High School Experience						
a) EMR						
District F	24					-.26
EMR Employment in School						
First job in school						
None	24	-.26	-.25			-.46
Secured thru school	15					.87
On campus	10					.79
Service occupation	24					.27
Weeks worked	59				.31	.45
Salary	59	-.25	-.27		-.28	-.46
School credit	15					.94
Second job in school						
None	50	-.34	-.37	-.31		-.40
Weeks worked	59	.30	.35	.28	.22	.55
Salary	59	-.36	-.37	-.30		-.42
Third job in school						
None	57		-.49	-.57		
Duration	59		.47	.53		
Salary	59		-.49	-.57		
EMR Postschool Training						
None	41	.28	.22			
Want no future training	10					.27
Postschool Employment						
First job since school						
None	30	-1.00	-.70	-.63	-.73	
Service occupation	14	.57	.36	.21	.55	

Table 29 (concluded)

Variable	N	Ever Worked	Total Hrs/Mo	Total Inc/Mo	No. Jobs 2 Months	Times on WEP
Postschool Employment (cont.)						
First job since school						
Hours worked	59	.80	.65	.56	.47	
Wages earned	59	.71	.61	.65	.37	
Duration	59	.58	.57	.54	.62	
Driven to work	14	.57	.41	.43	.28	
Not in union	28	.97	.74	.65	.76	
Less than 100 emp.	11	.49	.37	.44	.32	
Never absent	13	.54	.25	.31		-.21
Not looking for job	10	.46	.56	.49	.29	
Not current job	14	.57			.28	
Learned job on job	17	.65	.48	.55	.37	
Second job since school						
None	46	-.54	-.47	-.40	-.52	
Hours worked	59	.50	.54	.44	.55	
Wages earned	59	.46	.54	.51	.52	
Duration	59	.42	.45	.39	.59	
Not current job	10	.46	.40	.34	.37	
Job Seeking Activities						
No. jobs tried	59	.55	.29		.31	
Type job looked for						
Realistic	21	.33	.29	.32	.25	-.27
Doing something in lieu...not tried	17	-.25				
Employment Success						
Total hours/month	59	.70				
Total income/month	59	.63	.94			
No. jobs held 2 months	59	.73	.79	.71		
No. jobs held 3 months	59	.71	.79	.75	.85	
Plans One Year from Now						
Don't know	10	-.26				
Working	23				-.28	
Same as now	12	.26	.32	.34	.35	
Current Job Status						
Employed - not looking	13	.54	.62	.53	.45	
Doing something in lieu - not looking	12	-.33			-.22	
Actual Voc. Plan Last Year						
No Plan	28					-.26
Clerical or sales	13					.25

The successful female tended to be in a service occupation, be driven to work, not to be in a union, and work where there were fewer than 100 employees. She had been working for a longer time and learned her job at work. When she was looking for a job, she looked for more jobs and for a Realistic job. A year from the Phase II interview, the successful female expected to be doing the same kind of work.

A Descriptive Analysis of the EMR by Participation in WEP

It was previously noted for the male group that the number of times on WEP was related to postschool Employment Success in terms of total hours worked per month and having one job three months or longer. Among females, little relationship was found between WEP and Employment Success. It is important to discover if future programs for males should incorporate extensive work experience and if such emphasis should be eliminated for females. The descriptive analyses which follow indicated that these conclusions were not clear because of area differences within Los Angeles County. The areas where the economically deprived reside were less likely to have WEP, and it might be surmised that in deprived areas employment opportunities would be limited as well. In this study separation of area effects was not possible.

The following descriptive analyses were based on the correlations found in Tables 28 and 29 for males and females, respectively. Criteria for inclusion of variables were the same as for the Employment Success variables.

<ins>WEP and the Male</ins>. The male EMRs who were more apt to have WEP were likely to be Caucasian and live in the district which had the most effective WEP, District B. The income of the family ranged from $4,000 to $6,000 per year. The EMR was likely to have graduated with a diploma (the schools which gave certificates of attendance did not have WEP). During the Phase II interview, the male who had been in WEP was likely to plan a service occupation and to respond that he had No Aspiration. In job seeking, the school was likely to help him. One year from the Phase II interview, the EMR expected to be doing what he was currently doing.

In contrast, the male EMR who was least likely to have WEP was a Negro who lived in districts with large Negro populations. These males were likely to indicate that in high school they had a professional or skilled Vocational Plan (Unrealistic). One year from the time of the interview, the EMR who was least likely to have been in WEP expected to be working.

<ins>WEP and the Female</ins>. The number of times a female was in WEP was not related to the number of jobs she sought. Job seeking behavior was the most important factor in female Employment Success. Those who had less WEP were more likely to look for Realistic jobs.

In high school, the female who had more WEP was apt to indicate a clerical or sales Vocational Plan; the female with less WEP was apt to indicate No Vocational Plan.

The relationship between WEP and Vocational Plans for the female EMR appears to be complex and should be studied in a controlled research. For the female, the influences of WEP towards Employment Success might be seriously questioned. Perhaps the reason for the lack of influence of the WEP on females was that most programs did not emphasize job seeking skills.

CHAPTER VII

SUMMARY, CONCLUSIONS, IMPLICATIONS, AND RECOMMENDATIONS

Summary

Purpose. The large number of educable mentally retarded (EMR) individuals in the nation makes it essential to find effective means of successfully integrating them into the community as wage earners and citizens. The purpose of this research was to find a way of predicting the postschool Employment Success of EMR adolescents. The level of Vocational Realism of high-school EMRs was assessed, and the relationship between Realism and posthigh-school Employment Success was studied. If it were found that EMRs at a particular level of Realism were the most successful vocationally, then the concept could be used to evaluate school programs in terms of their effectiveness in fostering Realistic or Unrealistic Vocational Plans.

Hypotheses and Objectives. The major hypotheses of the study were: a) high-school EMR students who were assessed as having Realistic Vocational Plans would be more successful in postschool employment than EMRs who had Unrealistic or No Vocational Plans; b) EMRs who were in work experience programs in high school would have more Realistic Vocational Plans than EMRs not in these programs. The general objectives of the study were to determine the significant correlates of the level of Vocational Realism in high school and postschool Employment Success.

Operational Definitions of Key Terms. The key variable under study in Phase I of the study was the level of Realism of the subject's future Vocational Plans. The term Vocational Realism, as used in the research, consisted of three levels: Realistic, Unrealistic, and No Plan. Two key questions in an interview were used to elicit occupational choices from the EMRs. The first question was designed to obtain a Vocational Aspiration (wish or dream) and the second question was aimed at distinguishing the EMR's definite Vocational Plan. In order to arrive at an objective measure of the level of Realism, several criteria were used: a list of jobs which were actually held by EMRs and reported in the listerature; the classifications of jobs in the Dictionary of Occupational Titles; medical data indicating any physical or other limitations of a particular EMR; and whether or not the EMR performed a particular job in conjunction with a family member.

The key variable understudy in Phase II was the relationship between the level of Realism and Employment Success of the EMR who had graduated or dropped out of school. The criteria measures of Employment Success used were: initiative in job seeking, length of service on a particular job, income earned, and hours worked.

The Sample. The study covered a two-year period and was divided into two phases which included the high-school and the posthigh-school EMR. The final sample for the first phase included 886 tenth to twelfth grade EMRs with IQs between 46 and 79, who were drawn from 39 high schools with special training classes located in 10 school districts representative of different socioeconomic levels in Los Angeles County.

The subjects for the second phase of the study were drawn from a total of 280 EMR students who had been interviewed in Phase I and who had subsequently either graduated from or dropped out of school. Of the 280 possible subjects, the final Phase II sample contained 149 EMRs (74% had graduated and 26% had dropped out).

Data Collection Instruments. In Phase I, a semistructured student interview was used to record the EMR's Vocational Plans, Vocational Aspirations, knowledge of the job requirements of his Plan, persons who helped formulate Plans, information regarding his family background, and his school program including work experience.

Data from school records were used to obtain information regarding race, sex, birthdate, grade, IQ scores, health, and school attendance. A semistructured administrator interview was employed to gain information regarding school curriculum and counseling programs. A teacher questionnaire was given to all the EMRs' teachers to obtain information on the teachers' background and teaching preferences.

Phase II used two interview forms, one for the EMR and the other for his parent or guardian. The questions asked in the parent interviews roughly duplicated those in the EMR interview with the idea of verifying the information provided by the retardate. A great deal of information was sought including personal data, any changes in the level of Vocational Plans and Aspirations since leaving high school, employment history, educational history, and social-recreational data.

Data Analysis. A large amount of descriptive information was collected concerning the EMR in high school and in the postschool period. In the general discussion percentages were used most often. When hypotheses were being tested, four techniques were utilized: chi square, product-moment correlation, analysis of variance, and discriminant analysis.

Results: Phase I. In Phase I, 32% of the 886 EMRs had Realistic Vocational Plans, 28% had Unrealistic Plans, and 40% had No Plan. Significantly more of the EMRs had No Plan and fewer were Unrealistic. There was a large sex difference in the distributions of the levels of Realism. Of the females, 21% were Realistic, 33% were Unrealistic, and 46% had No Plan; whereas, 40% of the males were Realistic, 25% Unrealistic, and 35% had No Plan.

There was a consistency in the levels of Realism between the individual EMR's Vocational Plan and Aspiration even though more EMRs had Unrealistic Aspirations (63%). In addition, there was also a consistency between the level of the Vocational Plan and the level of the Educational Plan. Most of the EMRs had Realistic Educational Plans (69%), although 19% expected to go to college.

Variables Related to Realism: Phase I. Descriptions are based on correlations at the .05 level of significance. In high school, the Realistic male was most influenced by his family which provided the idea for his Vocational Plan; he often had performed the job in conjunction with a member of his family. The Unrealistic male was primarily responsible for his own choice. The male with No Plan was apt to be Negro, have an Unrealistic Aspiration and Educational Plan; he was similar to the Unrealistic in that he had no guidance in planning his future, but, in most cases, his father was likely not to be present in the home.

The Realistic female was likely to be Mexican, and her parents tended not to talk with her about Vocational Plans. On the other hand, the parents of the Unrealistic female had talked with her about her Vocational Plans. The female with No Plan was likely to be a Caucasian whose father was in a clerical or sales occupation.

Employment Status in High School. Seventy-three percent of the EMRs were unemployed at the time of the Phase I interview; 12% worked independently of school, and 14% participated in a Work Experience Program (WEP)--12% on campus and 2% off campus. One school had a very effective WEP, with 70% of the students placed on or off campus at the time of the interview. In general, however, those schools with formal programs placed only two in ten EMRs. Those schools which had no WEP generally placed about one in ten students.

When all schools were considered, the level of Realism was related to employment status; Realistic EMRs were more likely to be employed off campus either through a WEP or on their own. Since only a small percentage of students were employed off campus, the result indicates a trend at best. When three schools with the most effective WEP were compared to three which had no program, no difference in the distribution of the levels of Realism was found.

There were three clear correlates of employment status in high school: race, sex, and grade. Negroes were likely to be unemployed. More males than females were employed, especially independently of school. As the students advanced in grade, more students were employed. The greatest increase noted was in the proportion of students who had on-campus jobs.

Considering grade and the level of Realism together, the No Plan EMRs had the largest increase in on-campus employment with increased grade. The Realistic EMR was also more likely to be employed in a higher grade.

Results: Phase II. The Phase II sample of 149 posthigh-school EMRs closely approximated the Phase I sample in terms of sex, racial composition, IQ score, and distribution of parents' occupations. On the average, the families represented were in an income bracket lower than the average in Los Angeles County.

At the time of the Phase II interview, 38% of the EMRs were employed, 38% were unemployed, and 24% were not working but were obtaining further schooling or had other responsibilities. Although 67% of the EMRs had had at least one job since school, the school dropout was significantly less successful on this measure of employment success than the graduate. There were large sex differences on the employment variables. Females had held fewer jobs, and had worked fewer hours and earned less than the male.

Stability of Levels of Vocational Realism. Of the EMRs in Phase II, 37% had Realistic Vocational Plans when interviewed in high school; 26% had Unrealistic Plans, and 37% had No Plan. There was a sex difference in the distribution of the levels of Vocational Realism, as more females had No Plan and fewer were Realistic. Among males there was a consistency between the level of Vocational Realism in Phase I and Phase II. The Unrealistic and No Plan males were apt to have a similar plan in school and in the postschool interview. The Realistic males were the least consistent. Females did not exhibit consistency in the level of Vocational Plans.

Characteristics of Posthigh-School Males and Females. Descriptions are based on correlations significant at the .05 level. The Realistic posthigh-school male was from a middle income, Caucasian family whose father was in the home. The Realistic EMR was unlikely to have attended junior college. The male with No Plan was more likely to have been in trouble with the law, likely to be from a Negro family where the father was out of the home, and where the main source of income was welfare. The Unrealistic male was oriented toward education, and was likely to go on for postschool training on his own initiative.

The Realistic female EMR was likely to be from a Caucasian family which was apt to have indicated that she had been in special training. When looking for work, the Realistic girl turned to agency assistance, and was most likely to work in a company of over 100 employees. Females with No Plan were from families where the father was employed at a professional, skilled, or semiskilled occupation. The No Plan girls were likely to live in the large metropolitan area of the county. If they were employed, it was usually in a company of less than 100 employees. The Unrealistic female was from a middle income family and, like the Unrealistic male, she was education oriented and was likely to attend adult continuation school out of personal preference.

Level of Vocational Realism and Employment Success. The relationships between the levels of Realism and Employment Success measures were considered separately by sex. Males with No Plan were most likely to have had a job since high school; Unrealistic males were least likely to have worked, yet Unrealistic males earned more per month. Among males, the level of Realism made no difference in the number of hours worked, length of service on a particular job, or in job seeking behavior.

The male who worked more hours per month graduated with a diploma and was from a middle income, Caucasian family who lived in the district with the effective WEP. Those who had a driver's license were employed longer.

The level of Vocational Realism in high school made no difference on any of the Employment Success measures for females. Since females, as a group, worked infrequently, there was little room for differences between the levels of Realism. The female who did work more hours was likely to be from a family which received no agency moneys. The most significant relationship with hours worked was job seeking behavior. The girl who looked for more jobs, and for Realistic ones, was likely to work more hours.

Work Experience. An analysis of the relationship between WEP and male characteristics yielded similar results to the discription of the male who worked more hours. The male who had participated in WEP also graduated with a diploma and was from a middle income, Caucasian family who lived in the district which had the effective WEP. The more times a male was in WEP the more likely he was to have earned more and to have stayed on one job for at least three months.

The number of times on WEP made no difference in the Employment Success of females, probably because it was not related to the number of jobs sought. Further, those girls who looked for Realistic jobs were less likely to have had WEP.

Supplementary Data. Because of the limitations in obtaining data concerning EMR counseling contacts, follow-up procedures, and curriculum, no rigorous treatment of these data was undertaken. Therefore, the results reported from the administrative interviews are only indicative of possible trends. Although 32 of the 39 schools visited reported that counseling contacts were recorded, many of the records were incomplete and not up to date, as previously noted in the chapter on Methodology. In the majority of schools, the teacher was designated as the first-line person in counseling the EMR. The second- or third-line persons were the school counselor or vice principal depending on the nature of the problem (see Appendix O).

In terms of follow-up procedures for the EMR graduate, 21 of the 39 schools reported follow-up procedures while 18 schools indicated none was in operation. Of those schools reporting follow-up procedures, all but two indicated that EMR follow-up programs were informal (see Appendix O).

The EMRs' high school curriculum consisted mainly of courses in the basic academic subjects, e.g., English, mathematics, and social studies, plus physical education, shop, and homemaking. The EMRs' participation in work experience programs was a small part of the special training curriculum in the schools studied (see Appendix M).

The results of the teacher questionnaire revealed that 51% of the teachers had master's degrees. Ninety-nine percent had at least one teaching credential; however, only 33% of the total credentials were in Special Education. The teachers' first choice of subjects they felt most qualified to teach was similar to their college majors. Fifty-four percent felt best qualified to teach academic subjects; only 17% felt best qualified to teach Special Education. The three most important problem areas in teaching EMRs mentioned by the teachers were materials and curriculum, motivation and background of the EMR, and parent-teacher-administrator-EMR relationships (see Appendix N).

In view of the fact that for the purpose of this study a Realistic measure of Educational Plans for the EMR was the completion of high school, it is interesting that the results of the postschool follow-up study showed that 45 EMRs were enrolled in some form of postschool training. The largest group (44%) were taking vocational courses of some type. Nine EMRs had enrolled in junior college. The majority of postschool EMRs expressed generalized positive attitudes toward high school and their teachers. Further, the majority of students reported that they felt basic academic course such as English and mathematics were most helpful in preparing for a job. Realtively few EMRs named work experience or vocational courses as being helpful in job preparation (see Appendix P).

The reasons given by 38 EMRs for dropping out of school varied greatly and ranged from being needed at home to being sent to Youth Authority Camps (see Appendix P).

The EMRs' parents' attitudes toward school were similar to those of the postschool EMR, as they were generally positive. The parents emphasized the need for more concentration on basic academic courses in preparing the EMR for the world of work (see Appendix P).

Conclusions

Based on the results, the following conclusions regarding the major hypotheses and objectives of the research can be made:

1. The hypothesis that the Realistic EMR would be more successful in terms of postschool employment than the Unrealistic or No Plan EMR was not confirmed. On all measures of Employment Success the Realistic EMR maintained a middle position.

2. The hypothesis that EMRs with formal work experience in high school would be more Realistic was partially confirmed. The confirmation applied only to those EMRs who were employed off campus through WEP or who were employed independently of the school. No generalization about the relationship of WEP and the level of Vocational Realism can be made with confidence because of the small number of students who were employed through an off-campus program.

3. Some significant correlates with the level of Vocational Realism were found. The clearest type of EMR with regard to the level of Vocational Realism was the Unrealistic male. In terms of Vocational Plan, Aspiration, and Educational Plan, the Unrealistic male was consistently Unrealistic; he also exhibited a stability in maintaining the Unrealistic Plan over time. In terms of the source of influence, the factor that appeared most important was the Unrealistic male's personal decision, first in his Plan and later in postschool training.

The Realistic male was consistently Realistic in his Vocational Plan, Aspiration, and Educational Plan in school, but he was not likely to maintain a Realistic Plan over time. The Realistic male was characterized by his socioeconomic environment--he was likely to be a Caucasian from a middle income home in which the father was present.

The No Plan male tended to have an Unrealistic Aspiration in high school and maintained this Aspiration in the postschool period. He seemed to be greatly influenced by his socioeconomic environment. The No Plan male was apt to be a Negro from a lower income family where the father was not present.

For females, there was a lack of consistency in the level of Vocational Plan, Aspiration, and Educational Plan. Also, there was no stability of level of Vocational Realism over time. There were no clear-cut correlates with the level of Vocational Realism among females.

4. Variables significantly correlated with postschool Employment Success. More males had held at least one job. For males, graduation status, race, and the number of times on WEP were related to Employment Success. The important correlates of Employment Success for females concerned job seeking behavior; the female who looked for more jobs and looked for a Realistic job worked more hours.

5. A majority of the schools in the study did not keep adequate records concerning counseling contacts, follow-up procedures, and curriculum for EMR high school students.

6. At the present time, there is an insufficient number of teachers with specialized training for teaching EMR high school adolescents.

7. The postschool training engaged in by the EMRs in this study appeared to have little vocational value for them.

Implications

Vocational Choice. In comparing the general theory of occupational choice advanced by Ginzburg, et al. (1951), who stressed the self-concept, reality, and key persons, to that of Super (1953), who emphasized socioeconomic levels, intellectual level, and opportunity, it would appear that one stressed psychological phenomena while the other stressed sociological aspects in the occupational choice. It might be expected that the perceptions of the individual in relation to his environment would result in a complex phenomenon. From the results of the present study it appears that the socioeconomic level influences the self-concept, especially in the Realistic and No Plan males. Probably reality and opportunity are closely related phenomena; reality for the individual might represent his perception of the opportunity. Perhaps the fewer opportunities available to females is the underlying reason for the large percentage of females who had No Vocational Plan. Similarly, lack of opportunity for males in the lower socioeconomic levels may account for the large percentage who had No Vocational Plan.

Development and Stability of Vocational Realism. With regard to the relationship between occupational choice and intelligence, it is believed that the individual's choice is not determined by his intelligence as an external phenomenon. The individual's basic ability, in part, determines the situations he will encounter and the situations in which he will have to make an adjustment. To a certain extent, the family and society prescribe the milieu that might be encountered by a particular individual. If the situations which the individual encounters are the important factors, then modification of the level of Realism, especially for older individuals, appears difficult. A trend in the present study was that level of Vocational Realism is stable. The results tended to confirm the findings of Erdman (1957) that level of vocational choise is resistant to modification.

However, Jeffs (1964) noted that mentally retarded high school boys' aspirations could be changed. A similar finding was noted in the present study where one school with an active work experience program had a large number of EMRs who were Realistic. However, caution in interpreting this result is necessary because of the small number of subjects involved. Perhaps changes in the level of Vocational Realism were effected in Jeffs' subjects and those involved in the effective WEP because factors similar to those which underlie the work in group dynamics were in operation. Under effective leadership and programs, attitudes ordinarily resistant to change might be influenced. Viewed in these terms, the results of greater Realism in the one school with an effective program might indicate how individuals can learn to accept a different level of Vocational Realism than they might have otherwise.

Level of Realism. In terms of the results of this research which showed that Realistic EMRs were not the most successful on the measures of postschool employment, the question arises as to the level of Vocational Realism an EMR should be encouraged to pursue. The problem is further complicated by the fact that the levels of Vocational Realism are not simple, unified concepts. Stubbins (1950, p. 401) indicated the complexity of the problem as a result of his study on vocational aspirations: "No simple generalizations can embrace the varied meanings of vocational choice." In this connection, from the results of the present research at least six patterns of Realism within the three levels appeared to come into focus.

The Unrealistic Male. The largest group of males who had never worked were Unrealistic; yet they had the highest income, indicating that the Unrealistic males might be separated into at least two groups, possibly by the degree of Unrealism. On the one hand, the selection by the EMR of an occupation a few steps above the level generally accepted as appropriate or Realistic for the retardate, may serve to activate or motivate him to achieve a higher level of functioning. On the other hand, the choice of an occupation far beyond the reach of the EMR's ability (e.g., professional) might represent wishful thinking which may serve to interfere with action.

The Realistic Male. During the first phase interview, the Realistic EMR was consistent in his Plan, Aspiration, and Educational Plan. Probably the Realistic male in the middle income group could verbalize the "correct" response when the initial measure was taken in school. However, in Phase II only a few of the Realistic males retained the response. As the interview was conducted in the home, school influences might have been removed. Further, the actual experiences in the world of work in the nine-month period may have resulted in the lack of stability for the Realistic group. The male who did maintain a Realistic response may actually have been motivated by his choice.

The No Plan EMR. At least two groups were indicated for the males within the No Plan group: those who did not want to work or did not mind being unemployed, and those who were more successful on the employment measure of ever having worked since leaving school. However, the No Plan group did the poorest on income earned. If the socioeconomic factor was critical for the No Plan group, these males took whatever job they could obtain, regardless of wage, perhaps in order to earn spending money or to help out with family finances. The taking of any job tended to be verified by the No Plan male EMR's being able to learn his first postschool job at home. Probably the lack of guidance, a general feeling of alienation plus few work experience programs in the lower socioeconomic areas were some of the factors which accounted for the maintenance of the males' No Plan responses over the time period studied. The potential to formulate a Plan in the lower socioeconomic levels might be lessened by reduced opportunity for choice.

It may be argued that the EMR who gave the No Plan response is similar to the many adolescents of normal or above-normal intelligence who are unsure of their specific future plans. The difference, however, between the normal and retarded adolescent's responses was the complete absence of direction in the No Plan retardate's answer. Adolescents of normal or higher intelligence will indicate at least a general direction (e.g., going to get a job or go to college after finishing high school) even though they do not know what specific job or courses they will take. The EMR, however, who gave the "Don't know" (No Plan) answer, even when the response was probed by the interviewer, could not indicate any general direction.

Bearing in mind the type of distinctions indicated within the levels of Realism for the males, plus the fact that none of the three groups appeared consistently successful on the measures of Employment Success, the assessment of the level of Realism might be used to gain information about the EMR, not necessarily as a predictor of Employment Success but as an initial screening device for the direction which counseling and guidance of the EMR might take.

Future research might attempt to verify the distinction and differences in degree within the levels of Vocational Realism postulated as a result of the present study.

Females. For the female group, there was a lack of stability in terms of the level of Vocational Realism. The lack of stability might result from the apparent absence of vocational orientation among the females studied and the large number of females who had No Vocational Plan. Regardless of the level of Vocational Realism, few differences appeared in Employment Success for females.

The inability of the Vocational Realism and Employment Success measures to point up differences or patterns among the females raises the question of the usefulness of the measures for EMR females.

Realism and Self-concept. Since the findings of the present research did not support the hypothesis that Realistic EMRs would be more successful in postschool employment, stereotyped concepts as to the importance of EMRs' being Realistic about their job plans should be questioned. In this connection, Hess and Shipman (1965) in their study on raising the aspirations of economically deprived children reasoned that children from low socioeconomic levels should not be directed into the "...so-called 'lower class jobs'" (p. 96). For the EMR who recognizes himself as a retardate, it might be questioned if being urged to select a job such as a bus boy would result in greater Realism or in a poorer self-concept. Does making the retardate Realistic diminish his motivation and result in feelings of inadequacy and hopelessness? Further research in this area of the retardate's self-concept is needed.

Definition of Retardation. When removed from the influence of the school, some retardates achieve levels of vocational success which are considered above their ability. The postschool successful EMR defies his categorization and points up the dangers inherent in broad classifications, labeling, and fixed concepts as to social and vocational potential. The instruments used for evaluating the vocational potential of the retarded are far from precise and should be utilized with caution. The phasing-in of retardates during the school years and the phasing-out of unknown numbers of retardates in postschool life raises the need for further research dealing with the concepts and criteria used in evaluating normality and human potential in different situations.

Recommendations

It is hoped that the findings of this research will serve to point up and underscore the need for some changes and additions in procedures and programs for EMR adolescents. The recommendations which follow are based in part on the findings of this study and in part on the personal experience of the project director in working with retardates, their parents, and their teachers.

In gathering and analyzing the data for the present research, the need for schools to re-examine and change some of their existing record-keeping methods, curriculum, and counseling programs for EMR adolescents was documented.

Records

Modern methods of data collection are readily available. Yet, the present research found that the ten school districts sampled had archaic and inadequate record-keeping systems for students in their EMR programs.

The inadequacies and differences among schools in record-keeping, even within a single school district, made it difficult to follow accurately the progress of youngesters over an extended period of time; thus, the opportunities for comparative studies were reduced.

Lack of availability of data and inconsistencies in recording information regarding class programs, attendance records, counseling contacts, health and medical reports, plus inadequate transfer of records between elementary, junior, and senior high schools, infrequent testing and in-depth evaluations of EMR adolescents make it imperative that a restructuring of the present record-keeping systems be considered as a paramount recommendation.

Some immediate steps that could be taken by all schools placing children in special training classes are: a) Insure the recording of the date of placement on the child's permanent record. Entry date should be placed on records which follow the child when he transfers to another school. b) The dates and names of tests administered to the child should be entered accurately on the permanent record. c) Periodic review, preferably at least every two years, should be made of the child's record to bring up to date test data, progress reports, medical data, and family information.

Counseling and Guidance

A large number of adolescents need more counseling than currently is available in the schools. Further, the nature of the counseling now given students centers primarily on discipline proglems or advising them regarding the program and class schedules they may or may not follow. Skilled counselor time is needed in redirecting alienated, unsure, and floundering adolescents toward appropriate vocational goals. Those counseling techniques that would be most effective in helping retarded adolescents attain adequate self-concepts and goals need further study. However, the results of the present research indicate that the No Plan high school male EMR and the completely Unrealistic EMR who aspires far beyond his ability should be identified. The key questions used in the student interview for this research can be utilized by the school counselor as an initial screening device to help identify the extremely "Unrealistic" or "No Plan" retardates. These students might be given the kind of counseling which would involve them in an active and stimulating exploration of the real world of work within the range of their abilities.

Emphasis should be placed on counseling which leads to active rather than mere verbal or passive interactions. Placing aside the label of mental retardation and accompanying academic deficiencies, the school counselor (with teachers' help) should obtain a good understanding of the individual's strengths and weaknesses in personality, interpersonal relationships, special skills, and interests and utilize this understanding in guiding and placing the adolescent in off-campus programs.

The school counselor and teacher should work closely with a vocational rehabilitation counselor or a special placement counselor in jointly planning for these adolescents. Such a team would insure the coordination and continuity of efforts to assist the retardate in obtaining the necessary experiences for success. The team would bring together the multiple skills and resources needed to cope with a complex task. Team members should be actively involved in curriculum design. Changes recommended on the basis of their experiences in program planning, job placement, and adjustments of retardates in the community should be incorporated into programs. The recent signing of contracts by a few schools and Vocational Rehabilitation was a constructive move toward establishing needed co-operative efforts between these agencies.

The assignment and job descriptions of the verious members of the school vocational preparation team should be carefully spelled out to avoid duplication of efforts plus the "wearing of too many hats" by any one member of the team. Where such a team is not feasible, it becomes incumbent upon the school administration to decide which goals they wish [illegible] achieve and assign school personnel who are motivated and skilled in directing work experience programs. Adequate time allowance for the staff person selected to do the job is prerequisite to avoiding a program in name only.

High School Curriculum

Work Experience. Concurrent with appropriate counseling and placement programs, the need for the redesign or implementation of existing programs is indicated.

Some school districts are instituting or reinforcing on-campus training programs as the major focus in work preparation for EMRs. Although it is hoped these experiences will help develop positive attitudes toward work and interpersonal relations, the present research does not show this type of program to have the power to build in and transfer these attitudes and skills to the outside world of work. The present sheltered on-campus type programs may not have the impact of reality which could be obtained in an off-campus work experience situation.

Therefore, the results of the present research indicate the advisability of testing a curriculum in which the on-campus training program is only part of a sequence of work training opportunities.

A suggested work preparation sequence for the high school level might include: 1) an on-campus work training experience (e.g., 9th and 10th grades); 2) an off-campus, simulated competitive industry experience (e.g., during 11th grade, placement in a school or private nonprofit Workshop operated off campus); 3) an off-campus placement in competitive employment directed and arranged jointly by the school and Vocational Rehabilitation or special placement counselor or work experience supervisor. Those retardates who are deemed unable to work in competitive industry should be placed in appropriate Workshops. Training in job seeking skills should be made an integral part of the work preparation sequence. Further, a postschool follow-up plan for the counselor to check on the graduate's program at specified intervals over a period of time (e.g., one to five years) should be organized and implemented.

Academic. Academic offerings made available to EMRs during high school seem to be moving appropriately in the direction of being of functional value to the students. Thus, in improving reading skills, newspapers, application blanks, and other reading materials encountered in daily living are utilized. A similar functional orientation is found in mathematics and other subjects. Role playing is being employed by teachers to simulate job seeking and other life experiences to help develop needed verbal and social skills.

However, like the on-campus work training opportunities, these academic and social opportunities are limited because they are simulated and lack the elements of reality.

To overcome this shortcoming, the present researchers urge the schools to use community resources as a laboratory to extend and test the effectiveness of their programs. For example, the EMR class which has been taught to fill out employment applications in the classroom should be taken, preferably in small groups, to the local departments of employment and vocational rehabilitation where they can be supervised in going through all the steps needed in applying for work at these agencies. Arrangements with co-operative private industries to teach appropriate job seeking skills may be possible as well. Transfer of vocational learning and job seeking skills from the sheltered environment of the school to the complex urban community cannot be assumed. Learning opportunities in the community should be made an integral part of the work preparation curriculum.

At what grade it is most effective to introduce the above recommendations, and for what length of time, are questions which need to be answered through careful research. School districts which are willing to invest additional time and effort initially to set up and study the problem on an experimental basis will avoid the mistakes too frequently made of tooling up for untested educational programs which have only face validity. If the curriculum is to be contemporary and up to date in design and content, a built-in mechanism is needed for the regular assessment of community changes in resources and ability to absorb the EMR adolescent successfully. Flexibility to meet the changes in our fast-moving complex society must be part of the school programs.

The Special Education Teacher

A number of teachers do not enter the teaching of mental retardates by design, but rather may find that they are offered this position until an opening occurs in the area of their academic major. Sometimes teachers with tenure are placed in special training classes for a variety of administrative reasons. Thus, a history or an English major may be thrust into a job of teaching the mentally retarded without the required credential. If he wants to keep the job, he has to obtain the special credential for teaching the mentally retarded. The completion of requirements for this credential may take the employed teacher several years (more of less) of attending evening or summer university sessions. What level of skilled and appropriate instruction is the special training student obtaining while his teacher is learning what and how to teach him?

It is recommended that universities and colleges engage in a planned and active recruitment program of young people to enter the special education field in order to reduce the shortage of teachers adequately prepared to work with the nonacademically geared retardate.

The curriculum proposed for the adolescent retardate requires a spectrum of divers teaching skills ranging from the ability to teach basic reading and arithmetic to students whose academic ability is limited to vocational preparation and work experiences. Therefore, it is suggested that a team teaching approach might be the most effective way to staff the program at the secondary level. The core team could be comprised of a teacher skilled in special and remedial methods of teaching basic fundamentals to adolescents, a teacher with a strong background in vocational training, and the school counselor and vocational counselor.

The present research found that in the few schools where successful work experience programs were in progress it was possible to identify a teacher with enthusiasm for the work in which he was engaged and who was willing to go the "extra mile" needed in wearing several hats, e.g., teacher, counselor, and work experience supervisor.

Research is needed to identify the characteristics required for effective teachers of the nonacademically capable student--the EMR.

As Gardner Murphy (1961) stated: "Intelligence is fettered by manacles whose design has been imperfectly studied" (p. 113). Through the active co-operation of the school, Vocational Rehabilitation, and the community in implementing the findings of continuing systematic research, it should be possible to loosen the manacles holding in check the retardate's potential as a wage earner and citizen.

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APPENDIX I

Table A. Comparison of Socioeconomic Levels in the High School Districts Studied

Table B. Three Measures of Socioeconomic Levels - Phase II

Appendix A. Data from Records - Phase I

Appendix B. Student Questionnaire - Interview Phase I

Appendix C. Administrator Interview - Phase I

Appendix D. Teacher Background Questionnaire - Phase I

Appendix E. Criterion List of Realistic and Unrealistic Vocational Plans for EMR High School Students

Appendix F. Follow-up Questionnaire, EMR High School Graduates and Those Who Left School Before Graduation

Appendix G. Follow-up Parent Questionnaire

Appendix H. Letter Sent to Parent of EMR
Letter Sent EMR Graduate and Dropout

Appendix I. Complete List of Variables Analyzed in the Research

Appendix J. List of EMR High School Vocational Plans

Appendix K. Postschool Jobs Held by EMRs Sampled

Appendix L. Case Studies: Phase II

Table A

Comparison of Socioeconomic Levels in the High School Districts Studied

School District	Race			Median Family Yearly Income	Home Ownership		Occupations			
	Caucasian	Negro	Other		Own	Rent	Prof.,Tech. & Kindred	Craft.& Foremen	Operative & Kindred	Total Employed
A	2%	97%	1%	$ 6,229	93%	7%	--	--	31%	35%
B	96%	3%	1%	6,570	49%	51%	--	22%	--	37%
C	85%	12%	3%	6,922	52%	48%	18%	--	--	43%
D	98%	1%	1%	5,237	20%	80%	--	23%	--	51%
E-1	99%	--	1%	8,050	--	--	--	--	--	--
E-2	99%	--	1%	7,998	89%	11%	26%	--	--	34%
E-3	100%	--	-	10,862	78%	22%	34%	--	--	34%
F-1	99%	--	1%	8,190	31%	69%	35%	--	--	53%
F-2	96%	--	4%	6,405	19%	81%	28%	--	--	51%
F-3	92%	--	8%	6,882	71%	29%	--	--	28%	40%
F-4	27%	72%	1%	4,132	39%	61%	--	--	27%	36%
F-5	99%	--	1%	7,773	93%	7%	--	22%	--	33%
F-6	95%	--	5%	6,341	70%	30%	--	30%	29%	33%
F-7	86%	--	14%	6,632	32%	68%	18%	--	48%	--
F-8	99%	--	1%	14,360	100%	--	40%	--	--	36%
G	99%	--	1%	7,740	62%	38%	19%	--	--	41%
H	99%	--	1%	6,718	NA	NA	--	26%	31%	34%
I	99%	--	1%	6,834	63%	37%	--	28%	27%	39%
J	98%	--	2%	7,351	62%	38%	--	24%	--	42%

Table B

Three Measures of Socioeconomic Levels - Phase II

School District	Income								Own Home		Number of Cars in Family					Total # of EMRs
	Not Given	Less $2,000	$2,000-4,000	$4,000-6,000	$6,000-8,000	$8,000-10,000	Over $10,000	Midpoint of Mode	Yes	No	0	1	2	3	Ave.	
A	2	4	11	3	5	3	1	$3,000	18 (62%)	11	8	11	9	1	1.1	29
B	0	1	0	7	3	2	1	5,000	7 (50%)	7	3	7	3	1	1.1	14
C	0	1	1	2	1	2	0	7,000	3 (43%)	4	3	0	4	0	1.1	7
D	1	1	5	2	1	2	0	3,000	4 (25%)	8	5	5	2	0	.8	12
E	1	0	0	0	4	3	1	7,000	9 (100%)	0	0	1	6	2	2.1	9
F	2	7	16	6	6	12	4	3,000	27 (51%)	26	14	25	13	1	1.0	53
G	0	0	2	0	2	2	1	7,000	5 (71%)	2	1	0	4	2	2.0	7
H	0	0	1	2	1	1	1	5,000	5 (83%)	1	0	4	1	1	1.3	6
I	0	0	0	1	3	1	0	7,000	4 (80%)	1	0	2	2	1	1.8	5
J	0	0	2	0	1	4	0	9,000	4 (57%)	3	2	2	3	0	1.1	7
Total	6	14	38	23	27	32	9		86	63	36	57	47	9		149

APPENDIX A

Data from Records - Phase I

Name__________________________Address______________________________

Phone____________School____________________________________Grade____

Sex M F Age________Date of Birth__________Father's Name__________

Father's Occupation Mother's Occupation

Known handicaps (e.g., C.P., speech, hearing, eyesight, etc.)

____

____

Additional medical information____

Test Data: IQ Test Binet or WISC-WAIS Date________MA____IQ____

Date entered Special Training____

How long in Special Training____

Attendance Record____

Counseling Contacts	Dropout Record

Special Training Class Program Schedule

Period	Time	Subject	Teacher	Description

APPENDIX B

Student Questionnaire - Interview Phase I

Students will be interviewed individually. Interviewer will record responses.

1. What job would you like to have if you could choose any job in the world?

2. What job do you think you will be able to get when you get out of school?

3. How far do you expect to go in school?

4. Who has helped you most in thinking about a job?

5. Where did you get the idea that you would like to be *____________

6. What sort of things does a *________________________do?

7. Have you ever done any of the things that a *________________does?

8. Do you know anybody who is a *________________________?

9. What job does your father have?

10. Has your father ever talked with you about what job you might get when you get out of school?

11. What does your mother do?

*Fill in response to Question 2

APPENDIX B (Concluded)

12. Has your mother ever talked with you about what job you might get when you get out of school?

____

13. Do you have a brother?__________Do you have a sister?__________

14. What does he/she do?

____

15. Has your brother/sister ever talked with you about what job you might get when you get out of school?

____

16. Since what grade have you been in Special Training?

____

Data from Students

Name____

Address______________________________Telephone Number__________

Father's Name____

Mother's Name____

Are both parents in the home?________If not, explain______________

____

Notes and Comments:

____

____

____

____

____

APPENDIX C

Administrator Interview

Counseling Contacts Data - Phase I

School ______________________________ Date ____________________

Name ______________________________ Title ____________________

1. Is a record kept of counseling contacts with EMR students? __________
   If so, where? ______________________________

2. System of counseling contacts and areas covered:

Areas	By Whom (Teacher, Counselor, etc.)	Grade Levels	Frequency	Other
Emotional Problems				
Discipline				
Attendance				
Programming				
Future Vocational Plans				
New Students				
Other				

3. What is referral procedure for counseling contacts?

   Self-referral ____________________

   Teacher Referral ____________________

   Vice Principal ____________________

   Other Administrator ____________________

   Agency ____________________

   Parent ____________________

   Other ____________________

4. What is EMR caseload per counselor?

____

APPENDIX C (Continued)

School Dropout Follow-up Data

1. What procedure do you follow when an EMR student drops out of school before graduation?

A. How long is the student absent before action is instituted?

B. What action is taken?

Action	Under 16	Over 16	Contacts	By Whom (Attendance Officer, etc.)
1.				
2.				
3.				

C. What personal or types of contacts are made with:

Contact	Where	Number of Contacts
1. Student (School or Home)		
2. Family (School or Home)		
3. Agencies (Letter or Telephone)		
4. Other (Specify)		

D. How and at what age is case closed?

E. Do you have any counseling dropouts who are unemployed__________

employed__________

APPENDIX C (Continued)

Graduate Follow-up Data - Phase I

1. What procedure do you follow with your EMR students who have graduated?

   A. Who is responsible for follow-up?

   B. Do you have postplacement counseling?

2. Is there any articulation between the school and its graduates regarding postplacement counseling?

3. Do you refer any of your EMR graduates to an employment office?________

   To other agencies?____

   Do you place them directly through a department at school?____________

   Are any EMR graduates attending vocational trade schools?____________
   Number, if available________________

   Other graduate programs:

4. Is there a definite period of time for graduate follow-up study?________

   A. How long?____

   B. To what degree?____

   C. Does the age of the graduate have any bearing?____________________

APPENDIX C (Concluded)

Curriculum Questionnaire - Phase I

1. Does your school have an "on-the-job" training program?______________

   How many hours in school?________________On the job?________________

2. If you have a work experience program, is it on the school grounds?___

   Away from school?____

3. Is there any compensation?______Wages?______Credit?______Both?_____

   How is it determined?____

4. During what year in high school does the program commence?___________

5. How are jobs obtained?

6. Who is responsible for securing the job?

7. Who supervises the "on-the-job" trainine experience?

8. Is there a systematic method of evaluating the student on the job?

APPENDIX D

Teacher Background Questionnaire - Phase I

Name____________________ Age______ M or F______

Principal Position____________________

Higher Education:

College____________________ Years______ Major______

Minor____________________ Degree______ Year______

Teaching Credential(s)____________________

Professional Experience:

Position	Employer	City-State	Dates

University or college course work completed in:

Curriculum and Methods for Teaching Mentally Retarded______
Mental Deficiency______
Psychology of Exceptional Children______
Child Psychology______
Remedial Techniques______
Abnormal Psychology______
Vocational Education______
Arts and Crafts______
Speech Correction______
Counseling and Guidance______
Other (specify)______
______

What subjects or grades have you taught previous to this assignment?

____

____

____

APPENDIX D (Concluded)

1. Is this your first teaching assignment?____________________________

2. What three subjects do you consider you are most qualified to teach? List in order of preference.

   a.___________________________________

   b.___________________________________

   c.___________________________________

3. What subjects or grades did you teach previous to this assignment?

   ____

4. What subjects or grades were your most enjoyable teaching experience?

   ____

   Least enjoyable?____

5. What do you consider the most serious problem areas in teaching?

   ____

6. Where do you hope to be five years from now?________________________

   ____

APPENDIX E

Criterion List of Realistic and Unrealistic Vocational Plans for EMR High School Students

A. Food Preparation and Service

Realistic
- Bus Boy
- Baker's Helper
- Butcher's Helper
- Cook's Helper (3d Cook - short orders)
- Counter Service Man:
  - a. Beverages
  - b. Desserts
  - c. Sandwiches
  - d. Steam Table
- Kitchen Helper
- Porter
- Steward
- Stock Boy
- Vegetable Man
- Waiter and Waitress
- Washing:
  - a. Dishes
  - b. Glassware
  - c. Silverware
  - d. Pots

Unrealistic
- Butcher
- Chief Cook

B. Sports

Realistic
- Boxing
- Wrestling
- Bowling
- Jockey

Unrealistic
- Baseball
- Football
- Individual Sports (golf, tennis, etc.

C. Armed Services (Army, Navy, etc.)

All Unrealistic

D. Motor Vehicle Operation and Service

Realistic
- Car Washer and Wax Helper
- Chauffeur
- Garage Handyman (car wash, etc.)
- Garage Porter
- Gas Station Attendant (under direct supervision: lubrication, water, gas, oil, tire changing)
- Mechanic's Helper
- Parking Lot Attendant
- Teamster, Truck Driver

Unrealistic
- Auto Mechanic

APPENDIX E (Continued

E. Building Maintenance and Operation

Realistic

- Carpenter's Helper
- Doorman
- Elevator Operator
- Fireman
- Garden Equipment Repair & Cleaning
- Handyman
- House Cleaner
  walls, rugs, windows, etc.
- Janitor
- Painter's Helper
- Porter
- Relief Man
- Watchman
- Window Cleaner

F. Laundering, Cleaning, and Dyeing

Realistic

- Dryer
- Feeders
- Folders
- Mangle Operator
- Packer
- Presser
- Sorter
- Starcher

G. Agriculture

Realistic

- Egg Handler
- Farm Hand
- Farm Laborer
  - a. Dairy Farm
  - b. Livestock Farm
  - c. Sod Farm
- Florist's Helper
- Fruit Picker
- Gardener
- Greenhouse Attendant
- Nursery Attendant:
  mowing, lawn trimming
- Poultry Feeder, Killer, Picker
- Stable Boy

H. General Factory Work

Realistic

- Bench Work - assembly jobs of all kinds
- Ceramic or Tile Work
- Floor Boys and Girls
- Foundry Work
- Light Machine Operator
- Machine Shop Helper
- Packing
- Sewing - assembly
- Sorting
- Stock Work

Unrealistic

- Machinist
- Welder
- Metal Worker

I. Helper

Realistic

- Helper to:
  - Bricklayers
  - Carpenters
  - Cement Layers, Hod Carriers
  - Excavators
  - Upholsterers
  - Fence Builders
  - Furniture Refinishers
  - Painters
  - Plasterers
  - Plumbers

J. Retail Trades

Realistic

- Stock Boy
- Store Worker - general
- Packer
- Warehouseman

K. City/County Employees

Realistic

- Road Construction
- Street Cleaning
- Tree Crews

APPENDIX E (Concluded)

L. Personal Services and Miscellaneous Jobs

Realistic

- Barber
- Chambermaid
- Domestic Service
  - a. Attendant for Semi-invalid
  - b. Child Care - Baby Sitting
  - c. Cook or Cook's Helper
  - d. Garden Work:
    - Gardener's Helper
    - Yard Worker
    - Fence Painter
  - e. General Cleaner
  - f. Housekeeper
  - g. Laundress
- Hat Check Girl
- Hospital Attendant
- Lumberjack
- Messenger
- Miner
- Newsstand Helper
- Nurse's Aide
- Package Wrapper
- Pet Shop Attendant
- Porter
- Practical Nurse
- Shoeshine, Counter Girl in Shoe Shop
- Shoe Repair

Unrealistic

- Beautician
- Electronics Technician
- Registered Nurse
- Secretary, Stenographer, Typist
- Sales Clerk
- Singer
- Projectionist
- Carpet Layer

APPENDIX F

Follow-up Questionnaire
EMR High School Graduates and Those Who Left School Before Graduation

Name ____________________
Address ____________________
Directions to the Home: ____________________
Telephone Number __________ Sex ____ Race ______

How do you do. I'm Mr. (Mrs.) ________. I would like to talk to you today about what you've been doing since you left school. I'll be talking about some of the things you do in your spare time, any jobs you may have had, what classes you've had, and things like that.

I. PERSONAL DATA

1. When were you born? ____________________

2. Where were you born? ____________________

( ) California

( ) Other

How long have you been in California? ____________

Where did you attend school before you came to California? ____________

3. What religion are you? ____________________

( ) Protestant ( ) Catholic ( ) Jewish

( ) Other ( ) Don't Know ( ) None

Appointment: ____________
Date: ____________
Starting Time: ____________
Interviewer: ____________

Subject No.:	1,2,3,4
Card No.:	5
Sex:	
Female	6 - 0
Male	- 1
Race:	
Caucasian	7 - 1
Negro	- 2
Mexican	- 3
Oriental	- 4
Other	- 8
Age:	8,9,10
IQ:	11,12
Birthplace:	
Calif.	13 - 1
Southwest	- 2
Southeast	- 3
Northwest	- 4
Northeast	- 5
Midwest	- 6
Mexico	- 7
Other	- 8
Time in Calif.:	
Born Here	14 - 1
Under 1 yr.	- 2
1 to 5 yrs.	- 3
Over 5 yrs.	- 4
School Before Calif.:	
Calif.	15 - 1
Southwest	- 2
Southeast	- 3
Northwest	- 4
Northeast	- 5
Midwest	- 6
Mexico	- 7
Other	- 8
Religion:	
Protestant	16 - 1
Catholic	- 2
Jewish	- 3
Other	- 4
Don't Know	- 5
None	- 6

4. Are you married?

( ) Yes

( ) No Have you ever been married?

( ) No

( ) Yes

Are you widowed or divorced?

( ) Widowed

( ) Divorced

5. Do you have any children?

( ) No

( ) Yes How many?__________

6. How many brothers do you have?__________

7. How many sisters do you have?__________

8. Now, I need to know more about your family.

(Q. Who else lives at home with you?)

No.	Rel.	Name	Age	Home?	Occupation	Happy?
1	Father					
2	Mother					
3						
4						
5						
6						
n						

9. How many people counting you live here?__________

(If neither parent at home)
How long have you lived here?__________

Comments:__________

Marital Status:
Single 17 - 1
Married - 2
Widowed - 3
Divorced - 4
Separated - 5
No. of Children:______ 18

No. of Brothers:______ 19

No. of Sisters:______ 20

Father:
At Home? 21 - 0
No - 1
Yes - 2
Deceased - 3
Age:______ 22,23
Occupation:______ 24,25,26
Happy with Job:
No 27 - 0
Yes - 1

Mother:
At Home? 28 - 0
No - 1
Yes - 2
Deceased - 3
Age:______ 29,30
Occupation:______ 31,32,33
Happy with Job:
No 34 - 0
Yes - 1

Head of Household:
Father 35 - 1
Mother - 2
Brother - 3
Sister - 4
Uncle - 5
Aunt - 6
Other Rel. - 7
Other - 8
Age:______ 36,37
Occupation:______ 38,39,40
Happy with Job:
No 41 - 0
Yes - 1
Total No. in Home:______ 42,43
Yrs. in Present Household:______ 44,45

10. Does your family have money coming in from any place, such as BPA, Soc. Sec., ATD, or Unemployment Compensation?

( ) No

( ) Yes What kind?________________

( ) ANC
( ) AB
( ) ATD
( ) OAA
( ) Unemp. Comp.
( ) Soc. Sec.
( ) Other

How do you and your family feel about it?________________

Now, I would like to talk to you about when you finished school.

II. EDUCATION

A. High School Training

1. School History

11. What high school did you go to?____________

12. When did you leave school?________________

13. Did you graduate?

( ) Yes

Did you get a Certificate or Diploma?

( ) Certificate

( ) Diploma

( ) No

What grade were you in when you left school?________________

14. How do you feel about school?____________

15. How many of your friends quit school before graduation?________________

Other Income:

None	46 - 0
ANC	- 1
AB	- 2
ATD	- 3
OAA	- 4
Unemp. Comp.	- 5
Soc. Sec.	- 6
Other	- 8

High School District Last Attended:

#1	47 - 1
#2	- 2
#3	- 3
#4	- 4
#5	- 5
#6	- 6
#7	- 7
#8	- 8
#9	- 9
#10	- 0

Months Since Left School:____________
48,49

Graduation:

No	50 - 0
Diploma	- 1
Certificate	- 2

Grade When Left School:____________
51,52

No. of Dropouts Among Friends:

None	53 - 0
One	- 1
Two	- 2
A Few	- 3
Many	- 4
Don't Know	- 5

2. School Subjects

The next few questions I am going to ask you have to do with high school subjects.

16. Which of your high school courses helped you the most to get ready for a job?

1.__________How?____________________
2.__________How?____________________
3.__________How?____________________

17. Which of your high school courses wasted your time?

1.__________Why?____________________
2.__________Why?____________________
3.__________Why?____________________

Now I would like your ideas about what subjects you feel would be a help to young people who are still in school.

18. If you could choose any subjects to take in school, what subjects would you choose?

1.__________Why?____________________
2.__________Why?____________________
3.__________Why?____________________

19. If you could choose any subjects to take in school to help you get a job, what subjects would you choose?

1.__________Why?____________________
2.__________Why?____________________
3.__________Why?____________________

B. Posthigh-School Training

Now I would like to talk to you about what you have done since you have been out of school.

20. Do you have a driver's license?

( ) No ( ) Yes
Did the school help you get it?
( ) No ( ) Yes

21. Do you have a car?

( ) No ( ) Yes

Courses Most Helpful for a Job:
First____________ 54,55,56
Second____________ 57,58,59
Third____________ 60,61,62

Courses Most Wasteful:
First____________ 63,64,65
Second____________ 66,67,68
Third____________ 69,70,71

Subject No.:____________ 1,2,3,4

Card No.:____________ 5

Subjects Would Choose in General:
First____________ 6,7,8
Second____________ 9,10,11
Third____________ 12,13,14

Subjects Would Choose for Help in Getting Job:
First____________ 15,16,17
Second____________ 18,19,20
Third____________ 21,22,23

Driver's License:
No 24 - 0
Yes - 1

School Help with License:
No 25 - 0
Yes - 1

Car:
No 26 - 0
Yes - 1

22. Have you taken any courses or had any training since you left high school?
( ) No
( ) Yes Were you going ( ) part time?
( ) full time?
What was name of school?______________
What type was it? (high school, trade, etc)
When did you start going to this school?___
How long do/did you expect to stay in sch.?
Who suggested you go to school?_________
What did they suggest you take?_________
What do/did you learn there?__________
Do you think the courses you are taking (took) will help you in a job?
( ) Yes Why?_______________
( ) No Why not?____________
Do you want to take anything else?
( ) No
( ) Yes Specify:______________

23. Do you plan on attending any school in the future?
( ) Yes What will you take?
( ) No Would you like to attend school again?
( ) Wish What would you take?___
Why aren't you planning on going?
( ) No Why not?__________

III. SOCIAL-RECREATIONAL ACTIVITIES

Now I'd like to talk to you about what you do evenings and week ends.

24. What do you do for fun? (Q. Sports, movies, etc.) With whom?_______________

25. What is your favorite TV program?_______
How many hours a day?___Total per week?___

26. What else do you and your family (husband/wife) do together for fun?__________
How often?_________________

27. Do you have any hobbies?
( ) No
( ) Yes Specify:______________

28. Do you take part in any church group?
( ) No
( ) Yes Specify:______________

29. Do you take part in any other group activity (clubs/community centers)? ( ) No
( ) Yes Specify:______________

Postschool Training:
No 27 - 0
Yes - 1

Courses Helpful in Job:
No 28 - 0
Yes - 1

Wish Take More Courses:
No 29 - 0
Yes - 1

Additional Training:
No 30 - 0
Yes - 1

Future Training:
No 31 - 0
Yes - 1
Wish - 2

TV Hours per Day:________
32

TV Hours per Week:________
33,34

Hobbies:
No 35 - 0
Yes - 1

Church Group:
No 36 - 0
Yes - 1

Other Group Activity:
No 37 - 0
Yes - 1

30. How many friends do you have?

31. Who is your best friend? (Use Grid)

32. Who are your other good friends? (Use Grid)

Name	Sex	Age	See How Often?

33. Have you ever been in trouble with the law?

( ) No ( ) Yes
Tell me about it?____________

IV. EMPLOYMENT HISTORY

A. School Work Experience

Now I will be talking about working while you were in school.

34. Were you working while you were in school?

( ) No ( ) Yes

On Off	Description	Length Time	Who Helped Find Job?	Pay/ Credit

B. Postschool Employment

Now I'd like to talk to you about working since you left (high) school

35. Have you had any jobs since leaving (high) school?

( ) No ( ) Yes (Use Grid)

Occupational Title	Period of Time

In Trouble with Law:
No 38 - 0
Yes - 1

Jobs While in School:
First Job
On Campus:
No 39 - 0
Yes - 1
Indep. of Sch. - 2
Occupation:________
40,41,42
Duration:________
43,44
Compensation in
¢ per hour:________
45,46,47
School Credit:
No 48 - 0
Yes - 1

Second Job
On Campus:
No 49 - 0
Yes - 1
Indep. of Sch. - 2
Occupation:________
50,51,52
Duration:________
53,54
Compensation in
¢ per hour:________
55,56,57
School Credit:
No 58 - 0
Yes - 1

Third Job
On Campus:
No 59 - 0
Yes - 1
Indep. of Sch. - 2
Occupation:________
60,61,62
Duration:________
63,64
Compensation in
¢ per hour:________
65,66,67
School Credit:
No 68 - 0
Yes - 1

Now I'd like you to tell me about
your job as a ______________.

Employer ______________
Address ______________
Job Title ______________
Job Description ______________
Days a Week ____ Hours a Day ____ Weekly Wage ______
Employed from ______________ to ______________
Obtained Through ______________
How do (did) you get to work? ______________
Do (did) you belong to a union? ______________
( ) No ( ) Yes
How did you learn to do this kind of job? ______________
About how many people work there? ______________
( ) Less than 10 ( ) 10-100 ( ) More than 100
Have (had) you been off since you started working?
( ) No
( ) Yes
For how long? ______________
For how often? ______________
For what reason? ______________
How does (did) your boss or foreman feel about this? ______________

Tell me about the job. ______________
Q. How do (did) you feel about your job?
How does (did) your family feel about your job?
Does (did) anything happen on the job to please you?
Does (did) anything happen on the job to upset you?
What do (did) you like best about your job?
(If not current job) Why did you leave?

____
____
____

Building ______________
People ______________
Boss ______________
Pay ______________
Hours ______________

Is there anything (else) you don't (didn't) like about your job? ______________
How long do (did) you think you will (would) work there? ______________
Are you looking for another job? (If current job)
( ) No
( ) Yes
How are you going about it? ______________

Subject No. ______________
1,2,3,4

Card No. ______________
5

Jobs Since School:
First Job
Occupation: ______________
6,7,8
Hours per Week: ______
9,10
Weekly Wage: ($) ______
11,12
Duration (Wks.): ______
13,14

Transportation to Job:
Walked 15 - 1
Public Transp. - 2
Driven - 3
Drive - 4

Union Member:
No 16 - 0
Yes - 1

No. of Employees:
Under 10 17 - 1
10-100 - 2
Over 100 - 3
Self-Empl. - 4

Ever Absent:
No 18 - 0
Yes - 1
Self-Emp. - 2

Looking for Another Job:
No 19 - 0
Yes - 1

Now I'd like you to tell me about
your job as a __________________.

Employer ____
Address ____
Job Title ____
Job Description ______________________________________
Days a Week _____ Hours a Day _____ Weekly Wage _______
Employed from _________________ to ____________________
Obtained through _____________________________________
How do (did) you get to work? _________________________
Do (did) you belong to a union? _______________________
( ) No ( ) Yes
How did you learn to do this kind of job?
About how many people work there?
( ) Less than 10 ( ) 10-100 ( ) More than 100
Have (had) you been off since you started working?
( ) No
( ) Yes
For how long? ___________________________
For how often? __________________________
For what reason? ________________________
How does (did) your boss or foreman feel about this? ____________________

Tell me about the job.
Q. How do (did) you feel about your job?
How does (did) your family feel about your job?
(Did) Does anything happen on the job to please you?
(Did) Does anything happen on the job to upset you?
What (did) do you like best about your job?
(If not current job) Why did you leave?

____
____
____

Building ____
People ____
Boss ____
Pay ____
Hours ____

Is there anything (else) you don't (didn't) like about your job? ____________________
How long do (did) you think you will (would) work here? ____________________
Are you looking for another job? (If current job)
( ) No
( ) Yes
How are you going about it? ________________

Second Job
Occupation: ____________ 20,21,22
Hours per Week: ________ 23,24
Weekly Wage: ($) _______ 25,26
Duration (Wks.): _______ 27,28

Transportation to Job:	
Walked	29 - 1
Pub. Trans.	- 2
Driven	- 3
Drive	- 4

Union Member:	
No	30 - 0
Yes	- 1

No. of Employees:	
Under 10	31 - 1
10-100	- 2
Over 100	- 3
Self-Empl.	- 4

Ever Absent:	
No	32 - 0
Yes	- 1
Self-Empl.	- 2

Looking for Another Job:	
No	33 - 0
Yes	- 1

Now I'd like you to tell me about
your job as a________________.

Employer____________________________________
Address_____________________________________
Job Title___________________________________
Job Description_____________________________
Days a Week____Hours a Day____Weekly Wage________
Employed from________________to______________
Obtained through____________________________
How do (did) you get to work?________________
Do (did) you belong to a union?______________
( ) No ( ) Yes
How did you learn to do this kind of job?________
About how many people work there?
( ) Less than 10 ( ) 10-100 ( ) More than 100
Have (had) you been off since you started working?
( ) No
( ) Yes
For how long?________________________
For how often?_______________________
For what reason?_____________________
How does (did) your boss or foreman feel about this?________________

Tell me about the job.
Q. How do (did) you feel about your job?
How does (did) your family feel about your job?
Does (did) anything happen on the job to please you?
Does (did) anything happen on the job to upset you?
What do (did) you like best about your job?
(If not current job) Why did you leave?
____
____
____
Building____________________________________
People______________________________________
Boss____
Pay____
Hours_______________________________________

Is there anything (else) you don't (didn't) like about your job?______________________
How long do (did) you think you will (would) work here?______________________________
Are you looking for another job? (If current job)
( ) No
( ) Yes
How are you going about it?______________

Third Job
Occupation:__________ 34,35,36
Hours per Week:__________ 37,38
Weekly Wage: ($)__________ 39,40
Duration__________ 41,42

Transportation to Job:
Walked 42 - 1
Pub. Trans. - 2
Driven - 3
Drive - 4

Union Member:
No 44 - 0
Yes - 1

No. of Employees:
Under 10 45 - 1
10-100 - 2
Over 100 - 3
Self-Empl.

Ever Absent:
No 46 - 0
Yes - 1
Self-Empl. - 2

Looking for Another Job:
No 47 - 0
Yes - 1

Now I would like you to tell me about not working.

36. Do (did) you mind not having a job?

( ) Yes
How are you going (did you go) about looking for a job?______________

( ) No Why not?______________

37. What kind of job are (were) you looking for?
____

38. What jobs have you tried for that you didn't get?
____

Job	When?	Reason for Not Getting

39. Why aren't (weren't) you able to find work?
____

40. Has (did) your family (husband/wife) talked (talk) to you about your not working?
( ) No
( ) Yes
How do (did) they feel about it?
____

41. What do (did) you do during the day?______________
____

42. Have you tried to get unemployment compensation, Aid to the Totally Disabled, or any other kind of public assistance?
( ) No
( ) Yes
Specify:______________
What happened?______________

43. Who has helped you in looking for a job (Teacher, Counselor, Employment Office, etc.)______________

44. What are some of the things a person should do to help him hold a job?______________
____

Mind Not Working:
No 48 - 0
Yes - 1

Family/Spouse Talked About Not Working:
No 49 - 0
Yes - 1

Tried Unemployment Compensation:
No 50 - 0
Yes - 1

V. OTHER POSTSCHOOL ACTIVITIES

45. Have you tried to get into the service?

( ) Yes
Did you get in? ( ) Yes ( ) No

What Branch?__________When?__________

( ) No

Are you planning to go into the service?
( ) No

( ) Yes

What Branch?__________When?__________

( ) Wish

What Branch?__________When?__________

Tried Service:
No 51 - 0
Yes - 1

Planning Service:
No 52 - 0
Yes - 1

46. What job would you like to have if you could choose any job in the world?__________

High School Job Plan:__________ 54

47. When you were in (high) school, what job did you think you would get when you got out?

____

Previous Job Plan in School:__________ 55

48. (If expectation different) When we talked to you last year, you thought that you would get a job as a__________ when you got out of school.

Why have you changed your mind since then?

____

Change in Job Plan:__________ 56

49. What do you expect to be doing one year from now?__________

High School Aspiration:
__________ 57

COMMENTS:

Time when interview ended:__________

APPENDIX G

Follow-up Parent Questionnaire

Name____________________
Address____________________
Directions to the Home____________________
Telephone Number______________ Sex____ Race______
Name of Child______________ Relationship______

1. When was______________born?__________

2. Where was______________born?______________

3. Did______________have any health problems as a child?

   ( ) No
   ( ) Yes Specify:______________

4. Did you notice any problems during__________'s development for which you sought outside help?

   ( ) No
   ( ) Yes Specify:______________
   Whom did you go to?______________
   What was done?______________
   Did it help?______________

5. Did anyone besides you help raise__________?

   ( ) No
   ( ) Yes Who?______________
   Why was it necessary and for how long did it last?______________
   ____
   How did you feel about this help?
   ____

6. Is your husband (wife) in the home? If not, are you separated, widowed, or divorced?______

7. How far did you go in school?______________

8. How far did your spouse go in school?__________

9. What is your religion?______________

10. Do you take part in any church group?__________
    Specify:______________

Appointment:__________
Date:__________
Starting Time:__________
Interviewer:__________

Subject No.:__________ 1,2,3,4

Card No.:__________ 5

Relationship to Child:

Father	6 - 1
Mother	- 2
Brother	- 3
Sister	- 4
Uncle	- 5
Aunt	- 6
Other Relative	- 7
Other	- 8

Health Problems:

No	7 - 0
Yes	- 1

Developmental Problems:

No	8 - 0
Yes	- 1

Anyone Else Help Raise:

No	9 - 0
Yes	- 1

Marital Status:

Single	10 - 1
Married	- 2
Widowed	- 3
Divorced	- 4
Separated	- 5

Interviewee's Education:__________ 11,12

Spouse's Education:__________ 13,14

Religion:

Protestant	15 - 1
Catholic	- 2
Jewish	- 3
Other	- 4
Don't know	- 5
None	- 6

Church Group:

No	16 - 0
Yes	- 1

11. Who lives in the home? (Use Grid) Include immediate family outside of the home.

No.	Rel.	Name	Age	Home?	Happy?
1.	Interviewee				
2.	Spouse				
3.					
n					

Comments:____________________

12. Does your family have money coming in from any place besides their work, such as Soc. Sec., unemployment compensation, BPA (ANC, AB, ATD, OAA)?________________
If yes: How do you feel about it?________

13. What is your family income?

( ) $2,000 or less　( ) $6,000 to $ 8,000
( ) $2,000 to $4,000　( ) $8,000 to $10,000
( ) $4,000 to $6,000　( ) Over $10,000

14. Do you own or rent your home?________

15. How many rooms in the home?________

16. How many bedrooms?____________

17. Do you have a TV set?____How many?______

18. Do you have a car?____(Year)____(Model)____
(Year)____(Model)____

19. Do you take any newspapers?________

20. Do you take any magazines? (Which ones?)____

21. Do you feel that his (her) high school program has helped him (her) to get along outside of school?____________

Now I would like your ideas about what subjects you feel would be a help to young people who are still in school.

22. If you could choose the subjects that young people should take in high school, what subjects would you choose?____________

23. If you could pick the subjects that young people should take in high school to help them get a job, what subjects would you pick?________________

24. What school did________attend?________

Family Income:

Up to $2,000	17 - 1
$2,000-$ 4,000	- 2
$4,000-$ 6,000	- 3
$6,000-$ 8,000	- 4
$8,000-$10,000	- 5
Over $10,000	- 6

Own Home:

No	18 - 0
Yes	- 1

No. of Rooms:________ 19

No. of Bedrooms:______ 20

No. of TVs:________ 21

No. of Cars:________ 22

No. of Newspapers:

No	23 - 0
Yes	- 1

No. of Magazines:______ 24

High School Program Helpful:______

No	25 - 0
Yes	- 1
Neutral	- 2

Subjects Would Choose in General:

First________ 26,27,28

Second________ 29,30,31

Third________ 32,33,34

Subjects
Subjects Would Choose for Help in Getting Job:

First________ 35,36,37

Second________ 38,39,40

Third________ 41,42,43

25. Was your child in regular or special training classes?______________________________
(or)
Was your child ever in special training classes?______________________________
(or)
Did your child ever have any special learning problems?______________________________
( ) No
( ) Yes Tell me about it.______________

How do you feel about the school's asking to have__________in special training classes?
____

How do you think______________felt about being in special classes?______________
____

Training:
Regular 44 - 1
Special - 2

Previous Training:
Regular 45 - 1
Special - 2

Learning Problems:
No 46 - 0
Yes - 1

26. When did your child leave school?__________

27. Did he graduate?
( ) Yes
( ) No
What grade was he in when he left school?______________________
Why did he leave school?______________

Now I would like to talk with you about
__________________'s working.

28. What jobs has________________________had?

A. Employer______________________________
Job Description__________________________
Days a wk.___Hrs. a day___Weekly Wage______
Employed from__________to______________
Reason for leaving________________________
Obtained thru___________________________

B. Employer______________________________
Job Description__________________________
Days a wk.___Hrs. a day___Weekly Wage______
Employed from__________to______________
Reason for leaving________________________
Obtained thru___________________________

C. Employer______________________________
Job Description__________________________
Days a wk.___Hrs. a day___Weekly Wage______
Employed from__________to______________
Reason for leaving________________________
Obtained thru___________________________

29. How do you feel about ____________'s present job? ____________________
People ____________________
Boss ____________________
Pay ____________________
Hours ____________________

30. Were there any jobs that ____________ tried to get, but didn't get? _____
____

A. Employer
Job Title ____________________ When tried? ____________
Reason for not getting job ____________________
Referred by ____________________
How did you feel about ____________ not getting this job? ________
____

B. Employer ____________________
Job Title ____________________ When tried? ____________
Reason for not getting job ____________________
How did you feel about ____________ not getting this job? ________
____

C. Employer ____________________
Job Title ____________________ When tried? ____________
Reason for not getting job ____________________
Referred by ____________________
How did you feel about ____________ not getting this job? ________
____

31. (If not working now) How do you feel about ____________ not working? ____
____

32. What does ____________ do during the day? ____________________

33. Has ____________ ever been in trouble with the law? ____________

( ) No
( ) Yes Tell me about it? ____________________

34. What does your child do that gives you the most pleasure? ____________
____

35. What does your child do that worries him the most? ____________
____

36. What does your child do that worries you the most? ____________
____

37. How many friends does your son (daughter) have? ____________

38. Who is his (her) best friend? ____________________

39. Other good friends? ____________________

COMMENTS:

General Attitude

☐ Friendly	☐ Hostile
☐ Talkative	☐ Reticent
☐ Co-operative	☐ Unco-operative
☐ Interested	☐ Bored

General Atmosphere

☐ Quiet	☐ Noisy
☐ Privacy	☐ Interruptions
☐ Orderly House	☐ Disorderly House

Appearance

☐ Clean	☐ Unclean
☐ Well-groomed	☐ Unkempt

Home and Neighborhood

☐ Residence	☐ Apartment
☐ Residential Area	☐ Commercial Area

Time when interview ended: ______________________

APPENDIX H

Letter Sent to Parent of EMR

Mr. and Mrs. A. Doe

Dear Mr. and Mrs. Doe:

Last year we conducted a survey in high schools located in Los Angeles County. We talked with the students about the jobs they would like to have when they leave high school. Your child was one of the 1,100 who were selected for this interview, and with whom we had the privilege of meeting and speaking last year.

We would like to speak with your child again in the near future, and we would like to talk with you also. We will contact you soon to set an appointment which is convenient for both of you.

Your co-operation is greatly appreciated.

Sincerely yours,

Molly C. Gorelick, Ed.D.
Project Director

MCG:oa

If there are any questions, you may call research secretary at 0-0000, Extension 00.

APPENDIX H (Concluded)

Letter Sent EMR Graduate and Dropout

John Doe

Dear John:

Last year we conducted a survey in high schools located in Los Angeles County, and you were one of the pupils we interviewed. At that time, we talked with you about jobs.

We would like to talk with you again at this time to find out what you have been doing since you left school. We will contact you soon to set an appointment which is convenient.

Sincerely yours,

Molly C. Gorelick, Ed.D.
Project Director

MCG:oa

If there are any questions, you may call research secretary at 0-0000, Extension 00.

APPENDIX I

Complete List of Variables Analyzed in the Research

PHASE I

1. School district
2. Actual school attended
3. Race
4. Grade
5. Sex
6. Age
7. Medical problems (vision, hearing, speech, dental, neurological, co-ordination, underweight-overweight, organic, respiratory, heart, blood disorder)
8. IQ score (range and actual score)
9. IQ test
10. Attendance at school (average absence per month)
11. Vocational Aspiration
12. Vocational Aspiration Realism
13. Vocational Plan choice
14. Vocational Plan Realism
15. Educational Realism
16. Where did the EMR get idea for Vocational Plan (parent, sibling, other relative, teacher or counselor, personal preference, experience)
17. Who has helped the EMR most in thinking about Plan
18. Does EMR have knowledge of what Plan involves
19. Has EMR ever done Vocational Plan
20. Did EMR know anyone who is a ______________________
21. Father's occupation
22. Has father talked about Vocational Plan
23. Mother's occupation
24. Has mother talked about Vocational Plan
25. Head of household's occupation
26. Level of Realism: model's occupation
27. Length of time in Special Training
28. Employment status of EMR
29. Number of academic courses
30. Number of nonacademic courses
31. Number of vocational courses
32. Total number of periods in class schedule

PHASE II

The EMR Interview

1. Sex
2. Race
3. Age
4. Actual IQ score
5. Birthplace (California, Southwest, Northwest, Southeast, Northeast, Midwest, Mexico, Other)
6. Length of Residence in California
7. Area of school attendance before California
8. Religion
9. Marital status

APPENDIX I (continued)

The EMR Interview

10. Number of children
11. Number of sisters
12. Number of brothers
13. Sibling rank
14. Number of children in family
15. Father's age
16. Present residence of father
17. Father's occupation
18. Father happy with job
19. Present residence of mother
20. Mother's age
21. Mother's occupation
22. Mother happy with job
23. Head of household--who
24. Head's age
25. Occupation of head of household
26. Head happy with job
27. Total number in the home
28. Length of residence in present household
29. Agency income
30. High school district last attended
31. Months since left school
32. Graduation status
33. Grade when left school
34. Number of friends who dropped out
35. Driver's license
36. School helped get driver's license
37. Car
38. Postschool training (no, part-time, full-time)
39. Type of postschool training
40. When started
41. Who suggested
42. Courses helpful in job
43. Wish more courses
44. Any additional training
45. Want additional training in the future
46. TV hours per day
47. TV hours per week
48. Favorite TV show (no preference, drama, comedy, Western, musical, news, sports, other)
49. Hobby--yes/no
50. Type of hobby
51. Hobby done alone or in a group
52. Church group
53. Other group activity
54. Trouble with the law
55. Where--in-school job (up to three jobs coded)
56. Type of employment
57. Who helped find in-school job
58. Duration
59. Salary (cents per hour)
60. School credit
61. Postschool occupation (up to three jobs coded)
62. Hours/week
63. Weekly wage

APPENDIX I (concluded)

The EMR Interview

64. Duration
65. Who helped find postschool job
66. How learn postschool job
67. Transportation to job
68. Union member
69. Number of employees
70. Ever absent
71. Looking for another job
72. Mind not working
73. Why not mind not working
74. How look for job
75. Who has helped in looking for a job
76. Family talk about not working
77. Ever tried unemployment compensation
78. Current job status
79. Has EMR ever looked for job on his own
80. Number of jobs tried to get
81. Type of job tried to get
82. Total hours worked
83. Total hours worked/month
84. Total income
85. Total income/month
86. Number of jobs three months or more
87. Number of jobs two months or more
88. Number of times on WEP
89. Tried armed services
90. Plan armed services
91. Wish armed services
92. Expect to be doing one year from interview
93. High school Vocational Plan (as recalled)
94. Actual high school Vocational Plan
95. Change in level of Realism of Plan
96. Present Aspiration

The Parent Interview

97. Relationship to child
98. EMR--Health problems
99. EMR--Developmental problems
100. Anyone else help raise
101. Parent marital status
102. Parent religion
103. Parent education
104. Parent church group
105. Family income
106. Own home
107. Number rooms
108. Number bedrooms
109. Number cars
110. Number TVs
111. Number magazines
112. Newspapers taken--yes/no
113. High school program helpful
114. Was child in regular or special classes
115. Was child ever in special training
116. Does child have any special learning problems

APPENDIX J

List of EMR High School Vocational Plans

	N				N
Housewife	4				
		Professional			
Fashion Designer	3			Engineer	2
Librarian	1			Airplane Pilot	1
Social Worker	1			Automobile Designer	1
Nurse	18			Draftsman	2
Teacher	2			Photographer	2
Lawyer	1			Artist	4
Mortician	1			Singer	1
		Professional Ballplayer	1		
		Clerical			
Office Clerk	6			Grocery Checker	1
Typist	10			Delivery Boy	1
Secretary	13			Messenger	1
PBX Operator	8			Mail Clerk	1
Keypuncher	3			Bank Teller	1
Cashier	6				
		Sales			
Salesman	5	Sales Clerk	26	Paper Boy	1
		Agricultural and Kindred			
Gardener	15	Animal Care	5	Nurseryman	2
		Service			
Model	1			Beautician	19
Babysitter	11			Barber	3
Child Nursery	2			Bus Boy	12
Nurse's Aide	9			Janitor	15
Domestic	4			Armed Services	25
Cafeteria Worker	4			Policeman	2
Waitress	7			Fireman	1
Dishwasher	18			Milkman	1
Cook	3			Orderly	1
Cook's Helper	2			Usher	1
		Missionary	1		

APPENDIX J (continued)

Skilled

	N		N
Butcher	2	Plumber	6
Bus Driver	2	Automobile Painter	1
Upholsterer	2	House Painter	1
Welder	2	Radio and TV Repairman	3
Cabinet Maker	4	Machine Operator	2
Plasterer	4	Telephone Repairman	2
Printer	1	Electrician	4
Projectionist	1		

Semiskilled

	N		N
Truck Driver	7	Presser (Cleaners)	4
Carpet Layer	2	Refinisher	3
Carpenter	14	Service Station Attendant	11
Sewing Machine Operator	15	Exterminator	1
Metal Worker	2	Riveter	1

Unskilled

	N		N
Plumber's Helper	1	Loader	4
Longshoreman's Helper	1	Stock Boy	6
Machinist's Helper	1	Packer	5
Carpenter's Helper	3	Factory Worker	30
Electrician's Helper	1	Car Wash Worker	3
Sandblaster's Helper	1	Box Boy	30
Trash Collector	1	Construction Worker	11
Lumber Handler	1	Deckhand	2
		Hod Carrier	2

APPENDIX K

Postschool Jobs Held by EMRs Sampled

MALES

Unskilled Jobs

Roofer's Helper
Longshoreman's Helper
Carwash
Plasterer's Helper
Loader
Laborer
Plumber's Helper
Orange Picker
Hod Carrier's Helper
Drapery Hanger's Helper
Seat Belt Installer
Motorcycle Seat Maker
Molder's Helper
Jewelry Polisher
Packer
Paint Mixer's Helper
Chrome Plater's Helper
Bicycle Shop Helper
Printer's Helper
Carpenter's Helper
Stock Boy
Laundry Packager

Service Jobs

Janitor
Handyman
Bus Boy
Box Boy
Nurseryman's Helper
Social Director's Helper
Delivery Boy
Cook's Helper
Window Cleaner
Weeder
Mow Lawns
Caterer's Helper
Cook
Dishwasher
Shoeshiner

Semiskilled Jobs

Mold Finisher
Factory Worker
Lead Pourer
Sander
Press Operator
Mechanic's Helper
Truck Driver
House Painter
Machine Operator's Helper
Metal Finisher
Gas Station Attendant
Cabinetmaker's Apprentice

Skilled Jobs

Machine Operator

Sales Jobs

Inventory Clerk
Furniture Salesman
Paper Route
Solicitor

Professional Jobs

Drummer

APPENDIX K (concluded)

FEMALES

Service Jobs

Babysitter
Domestic
Nurse's Aide
Waitress

Unskilled Jobs

Carwash
Hair Bow Maker
Lamp Maker
Laundry Spotter
Packer
Venetian Blind Maker

Semiskilled Jobs

Factory Worker
Shirt Presser

Clerical and Sales Jobs

Change of Address Checker
Receptionist
Saleslady
Telephone Solicitor
Typing and PBX

APPENDIX L

Case Studies: Phase II

Determining the criteria for selecting a successful or an unsuccessful EMR was a difficult task, especially for females. For the male EMR, employment could be a utilizable criterion since it is a culturally accepted goal and can readily be ascertained. However, an indication of total social adjustment would appear more encompassing and appropriate. For females, where employment is not necessarily the cultural goal, the employment measures are less of an indication of success. These limitations were kept in mind and the cases presented are mainly illustrations of the role of guidance, formal and informal, in influencing job seeking behavior and employment stability.

Example of a Successful EMR Female. Case A was a 20-year-old girl with a high school diploma and an IQ of 71 who worked in an electronics assembly plant earning $1.40 per hour. During her senior year in high school, an employment representative visited the school, and seniors who were interested went to the employment office and filed applications. She secured the job within a month of leaving school and had worked on the job successfully up to the time of the Phase II interview (eight months), receiving periodic raises. It was felt that knowledge of resources was an important factor in helping her secure a postschool job. The co-operation between the employment agency and the school was a good example of how joint agencies can effectively help the EMR student find employment. Case A did not have a Vocational Plan in high school, and it was felt that the school helped her make up her mind as to what job she wanted.

She was in special training classes from the 9th grade to the time of her graduation. Both parent and child had very positive attitudes toward the special training program and commented on its beneficial aspects. Case A worked one year on a school WEP in an off-campus job and did some babysitting while in high school.

She came from an upper middle income family, was the youngest of three children, and both of her parents were employed. Case A enjoyed active sports, friends of both sexes, and watching TV. She appeared to be socially well adjusted.

Example of an Unsuccessful EMR Female. Case B was an 18-year-old high school graduate with a certificate of attendance and an IQ of 60. She had had brief periods of unsuccessful employment, being employed less than a month on each job. Jobs attempted were: receptionist in a beauty shop, assembler, and babysitter for a friend. In all of the jobs she was replaced by another person. She had tried to get six other jobs without success. She was told that they weren't hiring, that the job had been filled, or that they didn't need any extra help. Case B tried to take advantage of the Youth Opportunities School, but there were no vacancies at the time. She had her name on their waiting list.

Case B entered special training classes in the 9th grade, but she did not care for it. She felt that it was a "waste of time" and that she knew "everything" that they were trying to teach her. There was nothing else she specifically disliked about school. While in high school, she did babysitting for relatives and also had a job on campus for one semester.

She lived with her widowed mother; the father was deceased when she was 17 years old. The father supported the family to the time of his death. The mother was a housewife and received welfare aid following the death of her husband. At the time of the Phase II interview, the mother was receiving Social Security benefits which placed the family in the lower income bracket. Case B was the next to the youngest of nine children.

In the Phase I interview, she gave an Unrealistic Vocational Plan. Perhaps she represented the wishful Unrealistic girl striving for more than she could attain. In summary, at the time of Phase II interview, Case B had had a series of unsuccessful experiences: she tried for jobs she didn't obtain, lost jobs, and tried postschool training. It appears that every door she tried to enter was closed to her. It should be noted that Case B had had no vocational guidance while in high school.

Example of an Unsuccessful to a Successful EMR Female. Case C was a 20-year-old high school graduate with a certificate of attendance and an IQ of 61. At the time of the Phase II interview, she had never worked, had no plans to work, and preferred to stay at home with her parents. Her days were filled with watching TV, mowing the lawn (when she felt like it), ironing, and visiting with her grandmother. She had no friends and could not relate well with other adolescents. Case C was not pushed by her parents to get a job, but they felt that she should be learning something useful. During the course of the interview, the interviewer suggested a possible workshop placement. The parents obtained and filed the appropriate applications. Case C entered a workshop, and seven months after the follow-up interview she was reported to be adjusting well, showing initiative, making friends, and feeling useful.

She had been in special training from the 3rd grade and had enjoyed her school experience. She had had no work experience while in school.

Case C was an only child and lived with her parents. Her father was employed, and her mother was a housewife. They were in the upper middle income bracket. At the time of the Phase I interview, she had No Vocational Plan. It did not appear that she had had any vocational guidance.

Although the main purpose of the present research was not to provide guidance, in this and other cases contacted for the follow-up study, suggestions were made to the families of unemployed EMRs as to community resources they might contact in helping their child gain employment. In this and in about 10 other cases, students were able to find employment in a workshop setting.

A Successful EMR Male. Case D was a 19-year-old high school graduate with a diploma and had an IQ of 70. Through the efforts of WEP and an understanding teacher he secured a job with a company that made motorcycle seats. He worked alone, under no pressure, and was doing such a good job that his employer planned to make him a foreman some day. He earned $1.90 an hour.

Case D entered special training in the 7th grade and both he and his parents had positive attitudes toward the school and the teachers. His parents were both in the home, and he was the older of two children. The father was employed and the mother was a housewife. They were in the middle income bracket. While in high school, he had had five jobs secured through WEP. Two jobs were on campus, and three were off campus. One of the off-campus jobs was the job he had at the time of the interview. He had never had to look for a job on his own, and he had never been fired.

Socially, he preferred to remain with his parents and he had no friends. He watched TV and enjoyed family outings. His social adjustment did not appear to measure up to his vocational achievement.

Case D seemed to illustrate the effectiveness of a good WEP, with a teacher who did postschool counseling. The teacher had maintained a good rapport with the employer and had shown the boy that he was interested in him. This apparent vocational guidance was illustrated by the fact that Case D had a Realistic Vocational Plan in the Phase I interview.

A Successful EMR Male. Case E was a 19-year-old graduate with a diploma who had an IQ of 79. At the age of seven years, he began going with his brother on his job as a rubbish collector. He worked sporadically at this job while he was in school, and when he graduated he was hired as a truck driver for the rubbish collection company. His earnings were $100 per week. As indicated, this job was introduced to him by his brother, but he made the effort to learn as much as possible and "then I made good and talked myself into the job."

He started special training classes in the 3rd grade. Both he and his parents had positive attitudes toward school and especially toward the teachers--"they give you a chance." He had had no vocational guidance while in school, but he appeared to have initiative in securing his own job. He indicated an Unrealistic Vocational Plan in the Phase I interview.

Both parents were in the home. The father had a skilled occupation, and the mother was a housewife. He was the next to the youngest of five children.

Socially, he was able to have friends of both sexes. He planned to be married and was saving his salary for this. He and his fiancee had almost all of their furniture purchased, and he was paying his mother a weekly board. He enjoyed TV, mainly the cartoons.

This case summary illustrates how successful an Unrealistic EMR who has had no formal vocational guidance can be and perhaps challenges labeling this young man as mentally retarded in terms of his postschool adjustment.

A Successful EMR Male. Case G was a 19-year-old high school dropout with an IQ of 67. He had a good work record both in and out of school. He picked oranges with his gradfather in northern California every summer while he was in school, and earned \$1.75 an hour. After he left school, he picked oranges during the summer and then had a semiskilled job for four months in a dress factory earning \$68.00 per week. He left the factory job for a position he felt was more suited to him. At the time of the Phase II interview, he was a foundry worker in a metal shop, earned \$60.00 per week, and had had the job for five months.

Case G entered special training in junior high school and was neutral in his feelings toward school. His parents verbalized very positive attitudes toward special training because of the good teachers and the small classes and expressed the wish that he could have entered sooner. He enjoyed academic courses (mathematics and government) the most. He thought he would graduate, but two weeks before graduation he was told he didn't have enough credits to graduate, so he quit school. Interestingly enough, the mother stated that her son had graduated from high school.

His parents were both employed (the mother part time). The father had a skilled job, and the family was in the middle income bracket. He was the older of two children.

Socially, he seemed to be quite popular, and he enjoyed being with his friends. He enjoyed sports, dancing, and watching TV.

Case G did not have an opportunity to be in a school WEP, but he was able to go ahead on his own and secure jobs without the benefit of training in the school. He had had metal shop in school which, he felt, helped him in his foundry job. He had used the California Department of Employment as a resource in securing a job and had the initiative to look for jobs on his own.

An Unsuccessful EMR Male. Case F was a 19-year-old who received a certificate of attendance and had an IQ of 64. He had obtained one post-school job which lasted two months; he had been placed in a workshop by the Department of Vocational Rehabilitation. However, he could not hold this job because of immaturity, lack of conformity to the shop's rules, inability to follow instructions, and disinterest in the work. Previously, he had made no real attempts to look for any employment, and his mother felt that he would be more comfortable in a sheltered workshop setting. Therefore, the family was quite disappointed when he could not remain in the workshop.

The family was in the lower middle income bracket even though both parents were employed. He was the older of two children.

While in high school, he did not participate in a WEP and was neutral (it was "O.K.") toward his school experience. He entered special training in the 6th grade, and his parents had very positive attitudes toward his school program.

Case F spent his days watching TV (98 hours a week), mowing the yard occasionally, and helping his mother with the ironing. He had no friends and no other recreational outlets.

He was a very shy person and perhaps he could have been given counseling to help him become more comfortable with people while he was in school. When interviewed in Phase I, he had No Vocational Plan. The lack of planning for the future was still present during the follow-up interview. He repeated that he needed a "trade," but could not verbalize what kind. Perhaps he heard of making plans while in school but, with no vocational guidance, he could not formulate one of his own. This case points up the need for a continuing contact with the EMRs who do not seem able to adjust to the world of work in order to find the appropriate plan for helping them.

APPENDIX II

THE EMR AND SCHOOL

Phase I--High School

M. EMR High School Courses

N. Profile of EMR High School Teachers

O. Counseling and Guidance Programs

Phase II--Postschool

P. EMR and Parent Attitudes Toward School

APPENDIX M

EMR High School Courses

Listed below are the courses which were being taken by the EMRs at the time of the Phase I interview and the number of students enrolled in each course.

LANGUAGE ARTS

English	843
Reading	76
Spelling	10
Literature	8
Library	3

MATHEMATICS

Mathematics	662

SOCIAL SCIENCES

History	315
Social Studies	295
World Culture	79
Government	38
Geography	30
Senior Problems	29
World Conflicts	11
Everyday Living	10
Modern Living	3
Family Affairs	1

PHYSICAL SCIENCES

Science	202
Biology	49

MUSIC

Chorus	37
Music	12
Band	11
Music Appreciation	5
Dance	2

PHYSICAL EDUCATION

Gym	834
R.O.T.C.	18
Swimming	10
Track	10
Archery	1
Baseball	1
Football	1
Rifle Range	1

HEALTH AND PERSONAL HYGIENE

Health Science	25
Good Grooming	7

ARTS AND CRAFTS

Art	211
Crafts	71
Ceramics	35
Arts and Crafts	14
Stage Craft	9
Design	3
Jewelry	3

HOMEMAKING

Homemaking	93
Foods	54
Clothing	53
Home Economics	17
Sewing	8
Child Care	7
Home and Apparel Arts	2
Home Planning	2
Home Nursing	1

BUSINESS

Typing	93
General Business	47
Clerical, Record Keeping	22
Consumer Education	11
Business Machines	6
Bookkeeping	3
Salesmanship	1

SHOP

Metal Shop	83
Wood Shop	80
Auto Shop	61
Electric Shop	20
Print Shop	6
Welding Shop	2

INDUSTRIAL ARTS

Drafting	10
Industrial Crafts	2
Architectural Drawing	1

APPENDIX N

Profile of the EMR High School Teachers

The data presented in this summary were obtained from responses to the Teacher Questionnaire (see Appendix D). All of the EMR teachers (83) who were given questionnaires responded. The profile is intended to be descriptive as no analysis between teacher characteristics and EMR characteristics was attempted.

Sex and Age. Of the 83 teachers who responded to the Teacher Questionnaire, 59% were male and 41% were female. The median age was 37 years; almost half of the group (46%) were from 31 to 45 years old.

Teaching Experience. Almost half (44%) of the teachers had had more than eight years' teaching experience. Only 4% were on their first assignment.

Educational Background. The educational background of the teachers was extensive. Half of the teachers (51%) had master's degrees. Ninety-nine percent had one teaching credential, 88% had at least two, and 38% had three or more. However, only 33% of the total credentials were in Special Education.

Most of the teachers' college majors (41%) were in academic subjects. Twenty-seven percent majored in Education, 10% majored in psychology or guidance, 9% in physical education, and the remainder majored in subjects ranging from music to administration.

Several teachers indicated that, in the course of their college work, they had taken classes which pertained to the field of Special Education. Appendix Table 1 lists the special courses taken by the teachers sampled.

Appendix Table 1

College Courses Completed by Teachers
Related to Special Education (N=83)

Course	Percentage
Arts and Crafts	87%
Child Psychology	83
Curriculum and Methods for Teaching MR	83
Psychology of Exceptional Children	71
Mental Deficiency	59
Abnormal Psychology	58
Counseling and Guidance	53
Remedial Techniques	42
Vocational Education	42
Speech Correction	30
Testing the Exceptional Child	2
Other	10

Teacher Attitude Toward Courses Taught. The teachers' first choice of subjects they felt most qualified to teach was similar to the teachers' majors in college. Half (54%) felt best qualified to teach academic subjects. Only 17% felt most qualified to teach Special Education. The distribution of courses the teachers enjoyed teaching was similarly related to their college majors. Twenty-seven percent specifically enjoyed teaching EMRs. Eight percent expressed that they least enjoyed teaching EMRs. In general, the teachers sampled least enjoyed teaching out of their major or minor fields of study.

Problem Areas in EMR Teaching. The 83 teachers indicated 103 problems in teaching EMRs. The percentages quoted are based on the total response. The three most important problem areas mentioned were materials and curriculum, motivation and background of the EMR, and parent-teacher-administrator-EMR relationships.

Sixteen percent of the problems dealt with inadequate materials and curriculum for teaching EMRs while 20% of the problems were essentially the EMR's difficulty in learning. Since the EMR's difficulty in academic learning is the primary reason for his being segregated in the school setting, it is strange that an EMR teacher who should understand his students' disabilities would regard learning as a problem area.

Discipline (14%) and motivation (11%) are problem areas probably related to the total program in specific schools. Counseling and guidance were mentioned in 14% of the problems.

APPENDIX O

Counseling and Guidance Programs in the High Schools Sampled

The data presented in this summary were obtained from responses to the Administrator Interview (see Appendix C), and are intended to be descriptive as extensive statistical analyses were not attempted.

The large percentage of EMRs studied (40%) who did not have a Vocational Plan in high school strongly suggests the need for adequate counseling and guidance programs in the schools.

In the Administrator Interview, emphasis was on the formal structure of counseling procedure; whether or not the programs reported were actually in effect in each school could not be ascertained in the brief contact made.

Counseling Records. In 32 of 39 schools sampled, counseling contacts with students were recorded; in five schools no records were kept, and in two schools records were kept only if the counseling problems were serious.

Key Persons in Counseling. For almost all problems, the teacher and counselor were designated as the key persons who dealt with the EMR. The teacher dealt directly with the EMR while the counselor acted as the second-line person who followed up on more difficult problems. In the area of discipline, 40% of the schools reported that vice-principals handled difficult cases. The teacher acted as the first-line person in discipline (90% of the schools), emotional problems (97% of the schools), class scheduling (64% of the schools), and future Vocational Plans (61% of the schools).

Follow-up Procedures for Graduates. Of the 39 schools sampled, 18 had no follow-up program for EMR graduates. Twenty-one schools reported they had procedures; however, all but two of these schools stated the procedure was informal. The two schools with formal follow-up procedures helped the EMR find employment. One of these schools regularly checked on the EMR's progress; this school was the school identified as having a very effective work experience program.

APPENDIX P

EMR and Parent Attitudes Toward School--Phase II

In the second phase (follow-up) interview, the EMR was questioned regarding his attitudes toward his school experience. The EMR was also asked whether he was taking any postschool training and the type of training he was receiving. The EMR's parents were also questioned regarding the subjects they would have chosen for their child to study in school and, further, what courses they thought would have helped the student get a job on leaving school.

The EMR's Attitude Toward School

Reasons for Dropping Out. As part of the study, the reasons given by the EMR and by the EMR's parental figure for dropping out of school were noted. In some cases, the parental figure and the EMR differed in their reasons. Because of the small numbers, the reasons were not analyzed in detail. (See Appendix Table 2.)

Appendix Table 2

Reasons for Dropping Out of School
(N=149)

Reason	EMRs' View	Parents' View
Graduated	111	112
Dropped Out	38	37
Realistic Plan (needed at home, marriage)	4	6
Found employment	3	1
Pregnant or had child	7	7
Unrealistic or No Plan	4	5
Poor school adjustment	5	5
Expelled	6	4
In Youth Authority Camp	6	4
Didn't want to receive certificate of attendance	3	3
No response	0	2

General Attitude. When the 149 EMRs were asked, "How do you feel about school?," they gave 349 reasons for liking, disliking, or feeling neutral about their experiences in high school. Of the responses given, 68% were reasons for liking school, 21% were reasons for disliking school, and 11% of the total responses given could be described as neutral.

Most of the EMRs' stated opinions about school were centered around classes taken, teachers and counselors, schoolmates and what they learned in school. Some students gave general responses, not indicating any specific aspects of the school experience (see Appendix Table 3).

Appendix Table 3

EMR Postschool Attitudes Toward School

Response	Number Responses	Percent Positive	Percent Negative	Percent Neutral
General	92	67	11	22
Particular Courses	75	73	19	8
Teachers and Counselors	71	69	23	9
Miscellaneous	42	74	26	0
Schoolmates	38	71	18	11
Learned in School	31	42	48	10
Total Responses	349			

Discussion

On the whole, the EMRs' responses seemed to indicate that they liked school, but for general reasons rather than specific ones. The students were more verbal when trying to explain their feelings toward their program or classes, but only three (1%) of them mentioned the work experience program as being something they liked about school. This could be because only a small proportion had actually participated in a WEP. They were also quite verbal in describing their teachers and counselors. Interestingly, only 4% of the total expressed a positive feeling for vocational courses and the same number of responses indicated a liking for nonacademic subjects. This probably indicates that personalities in school left a greater and more positive impression on the students than the course work presented.

Courses Helpful in Preparing for a Job. When the 149 subjects were asked what courses were most helpful in preparing for a job, multiple responses were permitted and each subject's first three choices were tabulated.

Of the 149 subjects interviewed, five either did not respond to the question or said they did not know what courses had helped them prepare for a job. Nineteen EMRs replied that no courses they had taken in high school had helped them prepare for a job.

Appendix Table 3 lists the percentages of the courses named by the remaining 125 EMRs as having helped them prepared for employment.

Appendix Table 3

Courses Helpful in Preparing for a Job
(N=125)

Course	Percentage
English	28
Mathematics	23
Shop.	17
Social Studies.	11
On-campus Work Experience	8
Business Courses.	8
Homemaking.	6

Discussion

It is interesting to note that half of the responses (51%) indicated basic academic courses such as English and mathematics as being the most helpful in preparing for a job, whereas relatively small percentages of responses named work experience and vocational courses as being helpful although these courses supposedly are specifically designed to help prepare the EMR for postschool employment. It appears that the largely on-campus work experience programs and the kind of vocational courses offered fail to relate to the conditions and demands experienced in the world of work as the EMR perceives it. The generality of the EMRs' responses obtained in this research differ from the results obtained by Dinger (1961). He secured a long list of specific courses or areas that EMRs indicated they would have liked to have had in school.

Courses Which Wasted the EMR's Time. When the EMRs were questioned regarding the courses they had taken in high school which they considered a waste of time, multiple responses were given and again the first three choices were tabulated. Almost half of the subjects (72, or 48%) stated that no school courses were a waste of time and only one subject stated that all of the courses were a waste of time. The remaining students named a variety of courses (73 responses) which are shown in Appendix Table 4 on the following page.

Discussion

It might be expected that these EMRs or even normal students would perceive physical education as a waste of time in that it related very slightly to their postschool vocational adjustment. One student claimed physical education to be a waste because "One group went one place, the other went into the building to clean up the place. I was always in the clean-up group. I went to the principal about it, and he told me to go where I was told." That as many as 12% stated vocational courses were a waste of time is consistent with the finding that only relatively small percentages named similar courses as helpful in securing a job.

Appendix Table 4

Courses Which Wasted the EMRs' Time
(N=73)

Course	Percentage
Physical Education	32
Mathematics.	15
Arts and Crafts.	15
Social Science	14
English and Reading.	12
Shop	10
Work Experience (Yard Work). . .	2

Postschool Training. The questions regarding postschool training were applicable to only 45 subjects or 30% of the total group who had been or were taking additional courses. When asked what they were taking in school, these students gave multiple responses (up to two each). The largest group, 20 out of 45 subjects, or 44% of those in postschool training, were taking vocational courses of some kind; 2 or 4% were taking math; 6 or 13% were taking English; 6 or 13% were taking reading; 4 or 9% were taking homemaking; and 3 or 7% were taking business courses. One subject or 2% was taking piano lessons. Other courses were named by 3 or 6% of the subjects.

Discussion

It is interesting to note the number of EMRs who enrolled in academic courses. As observed in Chapter III on Assessment of Realism of Educational Plans, it was expected that the EMR would not be able to meet the academic requirements of postschool training. However, it might be pointed out that taking a course does not necessarily ensure successful performance in the area of study.

EMRs Enrolled in Junior College. It was learned that among those EMRs who enrolled in postschool training, nine subjects had attended six junior colleges. Letters were sent to the junior colleges requesting copies of the academic records of the EMR enrollees. Responses were received concerning six of the students. The majority of the students received failing grades in academic courses (D and F). Higher grades were obtained in nonacademic areas such as physical education and music. In order of frequency, the courses taken were: physical education, English fundamentals, psychology, and mathematics. The courses taken and grades received are listed in Appendix Table 5, which appears on the following page.

Discussion

It is somewhat surprising to note the number of EMRs, even though they constitute only 6% of the total group, who enrolled in junior college in view of the fact that, for the purpose of this study, a Realistic measure of Educational Plans for the EMR was the completion of high school.

Appendix Table 5

Junior College Information (N=6)

Sex of Enrollee and Realism Level	Course Taken	Grade Received	Part or Full Time
Female (Unrealistic)	Psychology Social Science Clothing Vocational English	Not available	Full time
Male (Unrealistic)	Lithography	Not available	Full time
Male (No Plan)	Filing Machine Shop	Not available	Part time
Female (Unrealistic)	English Psychology Introduction to IBM Machines	Total: 9 units of F, 1 unit of D, 1/2 unit of C	Part time
Male (Unrealistic)	Biology English Psychology 2 P.E. Courses	C F F F and C	Full time
Female (No Plan) (went two semesters)	English History Music (Choir) 2 courses 3 P.E. Courses Business Geography	F WF B and A F, F, F F Incomplete	Part time
Male (Unrealistic)	Industrial Pattern Blueprint Reading	C D	Part time
Male (No Plan) (went two semesters)	Industrial Electricity Elementary Algebra 2 P.E. Courses Hygiene English Fundamentals Music (Piano) Math (Slide Rule)	D and D D B and D F F F F	Full time
Male (Unrealistic)	P.E. Music (Fundamentals) Hygiene Music (Marching Band) English Fundamentals	A D F A F	Full time

With crowded conditions in junior colleges, the enrollment of nine EMRs for one to two semesters might raise serious questions regarding the advisability of the present open admissions policy.

Future Educational Plans. When the 45 EMRs taking postschool training were asked if they wanted to take anything else, a variety of courses were mentioned. However, 23 of the 45, about half of the group (53%), said they did not want to take anything else.

The 45 EMRs in postschool training were also questioned as to what courses had been suggested for them to take. Over a third of this group (18 of the 45, or 41%) said they were not told to take any courses during the postschool period, 15 or 33% were directed to take vocational courses, 4 or 9% were directed to take English, 2 or 4% were directed to take reading, 2 or 4% were directed to take mathematics, 2 or 4% were directed to take social science, and 2 or 4% gave no response.

Discussion

The fact that approximately half the postschool training group did not want to take any additional courses may indicate that they felt they had not been very successful in their experience and did not wish to engage in any further training or that they had been advised against it. In general, it did not appear that the EMR was encouraged to take postschool training and when suggestions were made, no one area of study seemed to be strongly emphasized.

Parent Attitudes Toward School

General Courses. When the parents were asked what they thought the EMR should take in school, 11 or 7% of the parents didn't know what to choose. The others gave 183 responses and tended to emphasize the academic courses: 64 or 35% chose mathematics, 44 or 24% suggested that the EMR should study English, 39 or 21% of the parents' responses indicated reading. Shop courses were suggested by 10 or 5%, whereas homemaking courses were mentioned by 14 or 8%, and business courses were suggested by 12 or 7%.

Discussion

It appears that the EMRs' parents considered it essential for the EMR to gain a good background in the academic subjects and to acquire a work skill of some sort. Since the educational background of most of the parents was less than high school graduation, the request for emphasis on academic courses may be a projection of their own desire for greater competency in these areas.

Courses Parents Would Choose to Help the EMR Get a Job. Nine or 6% of the parents stated they did not know what courses would help the EMR get a job. Twenty-five or 17% suggested that all courses taken in school would help the EMR get a job. The remaining 155 responses are presented in Appendix Table 6.

Appendix Table 6

Courses Parents Felt Would Be Helpful for Employment Success (N=155)

Course	Percentage
English, Reading or Spelling	23
Mathematics.	20
General Business Courses	22
Typing	16
Shop	19

Discussion

The 6% of the parents who did not know what courses would help the EMR get a job might be expected since most of the respondents to the parent interview were unemployed housewives who were probably unfamiliar with both the employment situation and the school curriculum. It is apparent that the parents feel that business courses, especially typing, would probably teach the student a skill that would be directly applicable in an employment situation. But it should be noted that clerical or sales positions are considered Unrealistic for the EMR. However, parents also realize the fact that the basic academic courses provide the EMR with reading, computational, and English usage skills that are importan in job settings.